



**ACH WITHDRAWAL - AUTOMATIC PAYMENT AGREEMENT**

City of Oshkosh • 215 Church Ave, Oshkosh WI 54901

Accounts Receivable: (920) 236-5019

ar@ci.oshkosh.wi.us

**Please print name, address and account number exactly as they appear on your bill:**

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

CID#: \_\_\_\_\_

Telephone #:	Best time to call:
E-mail:	Billing Statement Delivery: <span style="float:right">Email Postal Mail</span>

Mailing address, if different than above: \_\_\_\_\_

Street or P.O. Box address: \_\_\_\_\_

City:	State:
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**BANK ACCOUNT INFORMATION**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Telephone #: \_\_\_\_\_

Routing Number:	Checking: <input style="width:30px" type="text"/>	Savings: <input style="width:30px" type="text"/>
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Account Number: \_\_\_\_\_

- These numbers are located on the bottom of your check as follows: **Failure to provide a voided check may cause delays of set-up and/or rejections by the banks.**   
Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ  
Routing Number Account Number

- A statement will be sent to you (email or postal mail) so that you can review it prior to deduction from your account.

**Payment will be deducted on the 1st of the month following the invoice date. If the 1st falls on a holiday, Saturday, or Sunday, the payment will be deducted on the next business day. Example: Invoice date 02/11, payment will be deducted 03/01.**

- If the payment is rejected by the bank, the City will impose a \$35 return item fee on your open invoice.

I hereby authorize the City of Oshkosh to initiate payment from my account at the institution named on the enclosed voided check, and I authorize that institution to debit my account for that payment. This authorization will remain in effect until I terminate it, allowing 10 days prior to payment due date. I have the right to stop payment on individual entry or to have entries corrected by timely notification to the City of Oshkosh and my financial institution. The City of Oshkosh also has the right to cancel this agreement at any time by providing timely notification to me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT:** Please be sure to include a check marked "VOID" to tell us from which account you want your payments deducted.