

Town Of Waterford Sanitary District #1

Quarterly Auto Bill Pay Authorization Form

Please print, fill in and mail to 415 N Milwaukee Street, Waterford, WI 53185

Or

Fax to 262-534-6966

If questions, please call 262-534-4646 Monday, Tuesday, Thursday and Friday 8AM to 12Noon,
otherwise please leave a message.

YES- I authorize the Town of Waterford Sanitary District #1 to pay my Quarterly Sewer Bill directly from my Checking, Savings or Credit Card Account the 5th of the month to the prior quarterly billing period. I understand that auto pay will continue each quarter until I provide a signed written request to change and or cancel my auto pay with the Town of Waterford Sanitary District #1.

Name on Account/Card _____

Phone _____ E-Mail _____

Checking Savings

9 Digit Routing # _____ Account _____

Enclose a VOIDED check with signature - Credit Card VISA MasterCard Discover AMEX

Credit Card Number _____

Expiration _____ Zip Code _____

Signature _____ Date _____

PLEASE RETURN ENTIRE Authorization Form to the Town of Waterford Sanitary District #1, 415 N. Milwaukee Street, Waterford, WI 53185 or Fax to 262-534-6966. Thank you for your participation in Quarterly Auto Pay. We appreciate it.