



CITY OF WILLIAMSBURG WATER/SEWER BILLING AUTOMATIC PAYMENT PLAN APPLICATION

The billing statement will advise you of the amount which will be deducted and will read- "DO NOT PAY." Fifteen days after your billing statement date, the amount due will be automatically deducted from your bank account. Please contact the Water/Utility Department with any questions on your billing statement (757-220-6188). Allow a complete billing cycle, 30 days/monthly and 90 days/quarterly, for the plan to begin.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT PLAN (APP)

RETURN THE FORM TO: CITY OF WILLIAMSBURG
WATER DEPARTMENT
401 LAFAYETTE STREET
WILLIAMSBURG, VA 23185-3617

WATER ACCOUNT NUMBER _____ SERVICE ADDRESS _____

NAME(S) _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

I (WE) HEREBY AUTHORIZE THE CITY OF WILLIAMSBURG HEREINAFTER CALLED **COMPANY**, TO INITIATE DEBIT ENTRIES TO MY (OUR) ACCOUNT INDICATED BELOW AT THE DEPOSITORY NAMES BELOW, HEREINAFTER CALLED **DEPOSITORY**, TO DEBIT THE SAME SUCH ACCOUNT.

NAME OF BANK _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

BANK ACCOUNT NO. _____ BANK ROUTING NUMBER _____

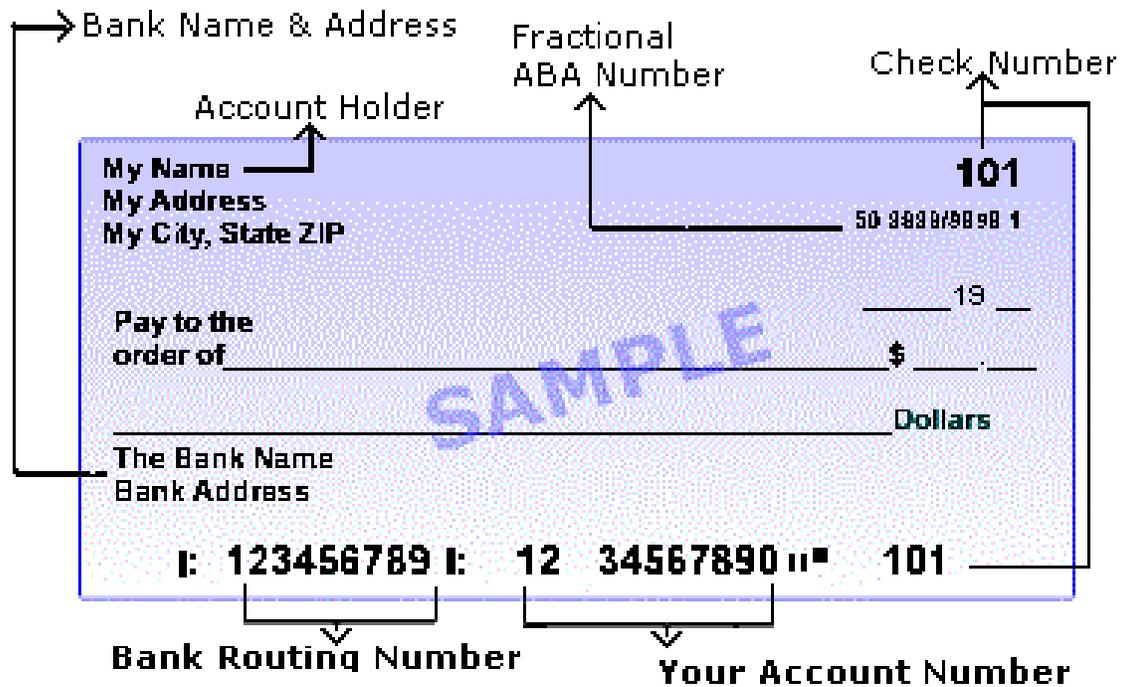
ACCOUNT TYPE (X) CHECKING _____ SAVINGS _____

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL **COMPANY** HAS RECEIVED WRITTEN NOTIFICATION FROM ME (WE) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD **COMPANY** AND **DEPOSITORY** A REASONABLE OPPORTUNITY TO ACT ON IT.

DATE _____ SIGNED X _____

SIGNED X _____

PLEASE ATTACH A VOIDED CHECK WITH THIS FORM



(Routing number is 9 digits between the 1: 1: symbols) (Account number usually to the left of 11)

Note: These three sets of numbers may appear in a different order on your check.