



GRAFTON
QUALITY LIFE. NATURALLY.

GRAFTON WATER AND WASTEWATER UTILITY AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Name: _____

Address: _____

City: _____ **State, ZIP:** _____

Phone: (____) _____ **Utility Account Number:** _____
(See your utility bill for the account number)

Email: _____

Financial Institution Name: _____

Routing Number _____ **Account Number** _____

I hereby authorize Grafton Water and Wastewater Utility to initiate debit entries, and credit entries if an adjustment is necessary, to my account indicated below. Payments will be deducted from your account on the due date. This authority is to remain in full force and effect until Grafton Water and Wastewater Utility and my financial institution has received written notification from me of its termination in such time and in such manner as to afford each a reasonable opportunity to act on it.

Signature: _____ **Date:** _____

**PLEASE RETURN THIS COMPLETED FORM ALONG WITH A VOIDED
CHECK TO THE FOLLOWING ADDRESS:**

**GRAFTON WATER AND WASTEWATER UTILITY
860 BADGER CIRCLE
GRAFTON, WI 53024**