

Utility Account Number: _____

Drop off at our office: 515 N. Summit Street
or mail to: Spooner Municipal Utilities, PO Box 548, Spooner, WI 54801
(715) 635-8769



AUTHORIZATION FOR DIRECT PAYMENT

I authorize Spooner Municipal Utilities and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment by notifying my financial institution three (3) days before my account is charged.

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP)

(SIGNATURE) (DATE)

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

Bank Account No _____ Checking ___ or Savings _____
Personal ___ or Commercial _____

Financial Institution Routing Number _____
(This number is between these symbols | : : | on the bottom of your check)