

**DIRECT PAYMENT AUTHORIZATION  
AGREEMENT FOR AUTOMATIC DEBIT**

I authorize CITY OF PORTAGE and the Bank of Wisconsin Dells to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford you and the Bank of Wisconsin Dells a reasonable opportunity to act on it. I can stop payment on any entry by notifying my financial institution three days before my account is charged.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_ **Checking**  
**Financial Institution Name**                      **Transit/ABA #**                      **Account #**                      **Saving**  
ENTIRE #, INCLUDE 0s                      **Type of Account**

**Please attach a voided check or notice from bank with account number to this form.**

**Email Address is required** \_\_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Signature** \_\_\_\_\_                      **Date** \_\_\_\_\_