

Town of Wise Utility Account Auto Draft Authorization

I (we) hereby authorize Town of Wise to initiate a charge entry to my (our) checking/savings account at the financial institution indicated below and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until Town of Wise is notified by me (us) in writing to cancel it in such time as to afford Town of Wise and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution

Location (City/State)

Financial Institution's Routing Transit Number _____

Checking Account # _____

Savings Account# _____

Customer Signature

Date

Customer Name (Please Print)

Utility Acct# _____ Service# _____

Physical Address _____

A copy of a canceled check or deposit slip must accompany this form. You may return completed form and required account documentation by:

Mail: Town of Wise
Attn: Treasurer
PO Box 1100
Wise VA 24293

Drop Box: Located at the exit of
the Town of Wise
Municipal Building
parking lot

Email: treasurer@townofwise.org
Fax: (276)328-2519

Please call the Treasurer's Office at (276)328-6013 ext 227 with any questions.