

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 \_\_\_\_\_

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