

Sign me up for automatic bill payment for the Cross Plains Water/Sewer!

Complete and sign the authorization form below and return it to the Village Office along with a **Void** check. Payment will be pulled via ACH from your checking account on the due date.

Name/Business _____

Address _____

Telephone _____

I (we) authorize the Cross Plains Water/Sewer Utility to debit my (our) checking account indicated below:

Checking Account Number _____

Financial Institution _____

Financial Institution Address _____

This authority is to remain in full force and in effect until the company indicated above has received written notification from me (or either of us) of its termination in such time and in such manner, as to afford the company a reasonable opportunity to act on it.

Name _____

Signature _____

Date _____

Optional – for Joint Account

Name _____

Signature _____

Date _____