

SAUK CITY UTILITY CUSTOMER AUTHORIZATION- PLEASE FILL OUT AND RETURN TO SAUK CITY UTILITIES

I AUTHORIZE SAUK CITY UTILITIES AND THE FINANCIAL INSTITUTION LISTED BELOW TO INITIATE ELECTRONIC DEBIT ENTRIES, AND IF NECESSARY, CREDIT ENTRIES AND ADJUSTMENTS FOR ANY DEBIT ENTRIES IN ERROR TO MY:

_____ CHECKING ACCOUNT

_____ SAVINGS ACCOUNT

THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL I HAVE CANCELLED IT IN WRITING.

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

BRANCH

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

CITY

STATE

SIGNATURE

DATE

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER INFORMATION

ABA

YOUR PAYMENT WILL BE TAKEN OUT OF YOUR ACCOUNT ON THE 13TH OF EVERY MONTH. IF THE 13TH FALLS ON A WEEKEND, THE PAYMENT WILL EITHER BE TAKEN OUT ON FRIDAY BEFORE THE 13TH OR THE MONDAY FOLLOWING THE 13TH.

PLEASE PROVIDE US WITH A VOIDED CHECK FROM THE ACCOUNT YOU WANT YOUR PAYMENT TO COME OUT OF.

SAUK CITY UTILITIES

726 WATER ST. SAUK CITY, WI 53583

608-643-3932/608-643-8336