

**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.

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
UTILITY ACCOUNT NUMBER

\_\_\_\_\_  
DATE

**TRANSIT ROUTING NUMBER**

**BANK ACCOUNT NUMBER**

\_\_\_\_\_  
ABA

**YOUR PAYMENT WILL BE TAKEN OUT OF YOUR ACCOUNT ON THE 23<sup>rd</sup> OF EVERY MONTH. IF THE 23<sup>rd</sup> FALLS ON A SATURDAY, THE PAYMENT WILL BE TAKEN OUT ON FRIDAY. IF THE 23<sup>rd</sup> FALLS ON A SUNDAY, THE PAYMENT WILL BE TAKEN OUT ON MONDAY.**

**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**