

PLAIN WATER UTILITY*PLAIN SEWER DEPARTMENT

510 Main Street
Plain, WI 53577

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the **Plain Water Utility * Plain Sewer Department** to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(YOUR NAME – PLEASE PRINT)

(YOUR ADDRESS – PLEASE PRINT)

(PHONE NUMBER AND/OR EMAIL ADDRESS)

(PLAIN WATER/SEWER ACCOUNT NUMBER(S))

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

Financial Institution Routing Number _____

Account No. _____ Checking _____ or Savings _____

(SIGNATURE) (DATE)

Please attach a copy of a voided check or withdrawal slip with this authorization form.

Return to:
Village of Plain or clerk@villageofplain.com
510 Main Street
Plain, WI 53577