

PLAIN WATER UTILITY*PLAIN SEWER DEPARTMENT

510 Main Street
Plain, WI 53577
Phone: (608) 546-2047
clerk@villageofplain.com

**AUTHORIZATION FOR DIRECT PAYMENT
AND/OR PAPERLESS BILLING**

(YOUR NAME – PLEASE PRINT)

(YOUR ADDRESS – PLEASE PRINT)

(PHONE NUMBER AND EMAIL ADDRESS)

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

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

Financial Institution Routing Number _____

Account No. _____ Checking _____ or Savings _____

 I authorize the **Plain Water Utility * Plain Sewer Department** to have my water/sewer bill delivered electronically to your email address, please complete and sign this form and return it to the Village of Plain. You will no longer receive a postcard bill in the mail. To complete your enrollment in paperless billing, initial the following statements:

____ I authorize the Village of Plain to deliver my utility bill to the above email address. I understand that I will not receive a bill in the mail. This authorization will remain in effect until written notice of termination is provided to the Village of Plain.

____ In the event that my email address changes, I understand that I am responsible for notifying the Village of Plain.

____ I understand that I am responsible for any late fees that may be incurred due to the inability to deliver a utility bill.

(SIGNATURE) (DATE)

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