



AUTOMATIC PAYMENT AUTHORIZATION

I (WE) HEREBY AUTHORIZE **VILLAGE OF STAR PRAIRIE – WATER AND SEWER UTILITY** TO DEDUCT FUNDS FROM MY (OUR) CHECKING OR SAVINGS ACCOUNT INDICATED BELOW AT THE **FINANCIAL INSTITUTION** NAMED BELOW.

Financial Institution Name:

Financial Institution Address:

Payment Type (Circle One) Checking Account Savings Account

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL **VILLAGE OF STAR PRAIRIE – WATER AND SEWER UTILITY AND FINANCIAL INSTITUTION** HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD **VILLAGE OF STAR PRAIRIE – WATER AND SEWER UTILITY AND FINANCIAL INSTITUTION** A REASONABLE OPPORTUNITY TO ACT ON IT.

Print Name:

Print Name:

Signature:

Signature:

Property Address:

Date:

Water/Sewer Account #:

City Staff Area Only – Leave Blank

Daytime Telephone: ()

PLEASE RETURN A VOIDED CHECK WITH YOUR FORM

FUNDS WILL BE REMOVED FROM YOUR ACCOUNT ON THE DUE DATE OF THE BILLING FOR THE AMOUNT DUE.

Email Address: _____