

**Liberty Grove Utility District #1**

**PO Box 655  
Sister Bay, WI 54234**

Dear New Utility Customer:

Welcome to Liberty Grove Utility District #1! Our current rate schedule is enclosed for your reference. Water & sewer services are billed quarterly; the billing cards are mailed within 10 days after the end of each calendar quarter and are due by the end of the same month.

We offer a Direct Pay option at no extra charge. I encourage you to enroll in this time-saving service. Please complete and sign this form and return it with a voided check to provide us with the necessary bank routing information. Once your information is in our system and has been verified, a reminder will be on your next bill which will be automatically withdrawn from your bank account on the due date. It's that simple!

Please do not hesitate to email [kara.kroll@sisterbaywi.gov](mailto:kara.kroll@sisterbaywi.gov) or call (920) 854-4118 if you have any questions. I am in the office Monday through Friday from 8:00 am until 4:00 pm.

Kara Kroll, Utilities Clerk

P.S. In case you have two different addresses, I have enclosed a form on which you should provide the other address with the dates that you are usually away from your normal billing address.

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**Automatic Debit Authorization**

I authorize Liberty Grove Utility District #1 to initiate electronic debit entries to my checking or saving account as indicated below, and I authorize the financial institution ("BANK") named below to debit these entries from my account. This authority shall remain in effect until Liberty Grove Utility District #1 and BANK have received notification from me of its termination in such time and in such manner as to afford Liberty Grove Utility District #1 and BANK a reasonable opportunity to act on it, or until Liberty Grove Utility District #1 or BANK has sent me ten days' written notice of Liberty Grove Utility District #1's or BANK's termination. If I choose to terminate this authorization to debit my account, I will notify BANK in accordance with my agreement with BANK. I understand that Liberty Grove Utility District #1 will notify me of the dollar amount to be debited from my account each billing period. I further understand that, in the event of insufficient funds in my account at the time of a Liberty Grove Utility District #1 billing, I will be responsible for all associated fees and penalties.

Utility account #: \_\_\_\_\_

Service address \_\_\_\_\_

Customer Name (please print) \_\_\_\_\_

Customer Signature \_\_\_\_\_

Account Holder Name and Signature  
(If different from "Customer") \_\_\_\_\_

Type of Account (please check one)

Checking     Savings

Bank Account Number \_\_\_\_\_

Routing Number (Nine-digit number usually preceding the bank account no. on your check) \_\_\_\_\_

***Attach a voided check to ensure accuracy.***