



Village of Sister Bay
Water & Sewer Utilities

2124 Autumn Court, Sister Bay
PO Box 655 Sister Bay, WI 54234 (920) 854-4118

Dear Utility Customer:

Welcome to Sister Bay Water & Sewer Utilities! 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 currently offer paperless billing and several online payment options at no additional cost. I encourage you to enroll in this time-saving service. Please go to www.xpressbillpay.com to enroll. You can also sign up for direct withdrawal using the form below. Please complete and sign this form and return it with a voided check. Once your information has been verified a reminder will be on your next bill which will automatically be withdrawn from your checking account on the due date.

Also enclosed is a form which can be returned if you are using two different addresses. Provide your normal billing address and the alternate address, if applicable, along with the dates you are typically away from your normal billing address.

Please do not hesitate to email kara.kroll@sisterbaywi.gov or call (920) 854-2246 if you have any questions. The office is open Monday through Thursday from 7:30 am until 3:30 pm and Friday 7:30 until 12:00 pm. Thank you and welcome to Sister Bay!

Automatic Debit Authorization

I authorize Sister Bay Utilities 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 Sister Bay Utilities and BANK have received notification from me of its termination in such time and in such manner as to afford Sister Bay Utilities and BANK a reasonable opportunity to act on it, or until Sister Bay Utilities or BANK has sent me ten days' written notice of Sister Bay Utilities' 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 Sister Bay Utilities 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 Sister Bay Utilities 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.