

VILLAGE of MARSHALL
WATER & SEWER UTILITY DEPARTMENT
130 S. Pardee St., P O Box 45, Marshall, WI. 53559-0045

AUTOMATIC PAY PLAN OPTION AUTHORIZATION

1. Please enroll my account in Automatic Pay Plan. Complete all sections. Please use a separate form for each account.

Name (as it appears on your bill) _____

Billing address: _____

City: _____

State: _____ Zip: _____

Daytime Phone (_____) _____
Area Code

2. Your Water/Sewer Account Number:

 0 0 0 - ___ ___ ___ ___ - ___ ___

3. I hereby authorize and instruct my financial institution to deduct the amount of my monthly water & sewer utility bill from my checking account and remit it directly to the Village of Marshall. The Village of Marshall will notify my financial institution of the amount to be deducted. This authority is to remain in full force and effect until the Village of Marshall has received written notification from me (us) of its termination in such time and manner as to afford the Village of Marshall a reasonable opportunity to act on it.

Please be sure you have read the terms and conditions and have agreed to them before you mail us your signed enrollment form.

Signature _____ Date _____

4. [] I have enclosed a void check OR
[] I am using a savings account to enroll in the Automatic Pay Plan.

Checking Account # _____ Savings Account # _____

Financial Institution's Name _____

Financial Institution's Address _____

Financial Institution's Phone _____

Financial Institution's Routing Number _____

(Please check with your financial institution if you need help identifying your bank routing and account numbers.)