

Bluffview Sanitary District

58398 US Hwy 12
Prairie du Sac, WI 53578
bluffviewsd@gmail.com

Authorization for setup of Automatic Payment

I hereby authorize the Bluffview Sanitary District to deduct my utility payments from my deposit account currently held at:

Name of Financial Institution: _____

Address: _____

City, State, and Zip Code: _____

Type of Account [checking or savings]: _____

Account #: _____ Routing Number [ABA]: _____

*****ATTACH A VOIDED CHECK**

I understand that if there are insufficient funds in the account to meet the required utility payment, the payment may not be paid and we may impose the PSC approved NSF fee. I further understand the Bluffview Sanitary District may terminate this payment authorization at any time, with or without cause. This authorization will remain in effect until written notice of termination is given to the Bluffview Sanitary District.

Customer Name: _____

Service Address: _____

Utility Account Number(s): _____

Email Address: _____ Phone #: _____

Customer Signature: _____ Date: _____

The Bluffview Sanitary District is offering you the opportunity to have your utility bill automatically withdrawn from your bank account. The due date for payments will be the 20th of each month. You will be sent a statement through the mail or email so you know how much your bill will be. It will state on the statement "Direct Pay."

Please return the above authorization to the Bluffview Sanitary District office. The ACH will be in effect for your next billing payment.

*****If you prefer not to use this ACH withdrawal and would like to continue paying your bills as you do now, do not submit this form. *****