

**City of Baraboo Utilities
AutoPay**

**Authorization Agreement
For Automatic Payments (ACH Debits)
(Only Homeowners and Landlords are eligible)**

I hereby authorize the City of Baraboo to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account or accounts listed below for the payment of my (our) utility bill.

The balance due is to be withdrawn on the **15th** day of the first month of the quarterly billing cycle. (January, April, July and October)

Financial Institution (Name)(Address)	Transit/ABA Number	Account Number	Type of Account
_____	_____	_____	<input type="checkbox"/> CHK*
_____			<input type="checkbox"/> SAV

This authority is to remain in full force until the Water Utility or the City Treasurer has received written notification from me (or either party if joint account) of its termination in such timely manner as to afford the City of Baraboo and The Baraboo State Bank a reasonable opportunity to act on it.

Name _____ Soc Sec. Number XXX-XX-_____

Address _____

Phone _____

Signature _____ Date _____

Signature _____ Date _____

(Both Parties must sign if joint account)

*Attach a voided check or savings withdrawal slip.

NOTE: Authorization form must be returned to: City Treasurer