

Automatic Payment Authorization

VILLAGE OF PULASKI
Pulaski Water Department

PO Box 320
Pulaski, WI 54162-0320
Phone 920-822-5182 Fax 920-822-5632

I (we) hereby authorize the **Village of Pulaski - Pulaski Water Department** to initiate debit entries to my account indicated below and the financial institution named below to debit the same to account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States law.

Financial Institution Name:

Financial Institution Address:

Payment Type (Check One)

Checking Account

Savings Account

Bank Routing No:

Bank Account No:

This authorization is to remain in full force and effect until the **VILLAGE OF PULASKI - PULASKI WATER DEPARTMENT** and **FINANCIAL INSTITUTION** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **VILLAGE OF PULASKI - PULASKI WATER DEPARTMENT** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

Print Name(s):

Signature:

Date:

Property Address:

Water/ Sewer Account #:
(Please use separate form for each account)

Daytime Telephone: ()

**PLEASE RETURN A VOIDED CHECK
OR DEPOSIT SLIP WITH YOUR FORM**

**FUNDS WILL BE REMOVED FROM YOUR ACCOUNT ON THE DUE DATE OF THE BILLING
FOR THE FULL AMOUNT DUE.**