



**AUTOMATIC PAYMENT AUTHORIZATION FORM
WATER/SEWER**

NAME: (PLEASE PRINT) _____

WATER/SEWER ACCOUNT NUMBER - 000- _____ - _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: HOME _____ - _____ - _____ CELL _____ - _____ - _____

Please withdraw my quarterly water/sewer bill from the following account:

CHECKING

SAVINGS

FINANCIAL INSTITUTION: _____

ROUTING NUMBER:

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ACCOUNT NUMBER:

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****PLEASE ENCLOSE OR ATTACH A VOIDED CHECK WHEN RETURNING THIS FORM.****

I authorize Village of Baldwin to instruct my financial institution to make payments from the account indicated above. I understand that I may discontinue this free payment service at any time by notifying the Village of Baldwin office in writing.

SIGNATURE: _____

DATE: ____/____/____

Payments are withdrawn on or around the 5th of February, May, August, and November.