



400 Cedar Street • PO Box 97 • Baldwin WI 54002 • P: 715.684.3426 • F: 715.684.4708

DIRECT BILL PAYMENT AUTHORIZATION FORM

NAME: (PLEASE PRINT) _____

WATER/SEWER ACCOUNT NUMBER - _____ - _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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

PLEASE WITHDRAW MY **QUARTERLY** BILL FROM THE FOLLOWING ACCOUNT:

CHECKING

SAVINGS

FINANCIAL INSTITUTION: _____

ROUTING NUMBER:

--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

****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: ____/____/____

Please note: **Your payment will be withdrawn from your account on the 5th of February, May, August, and November.**

Return this form to:

Village of Baldwin
400 Cedar Street
PO BOX 97
Baldwin, WI 54002

E: info@villageofbaldwin.com • www.villageofbaldwin.com