Viroqua I	Utilities Account	Number:	

Date:

BANK AUTHORIZATION

Please complete and return this form to VIROQUA MUNICIPAL UTILITIES, And we will present it to your bank. Upon their approval, a debit will be presented to your bank for your Water/Sewer utility bill.

Please submit a voided check with this form.

If you do not have a check, please provide an account verification form.

Ι,	
Name	
ofServicing Ad	ddress
Phone Nu	mber
Type of account: □ Checking	☐ Savings (Check one)
ROUTING N	<u>UMBER</u>
<u>AUTHORIZING BANK:</u>	<u>Circle One</u>
Peoples State Bank Citizens First Bank	075908658 075902832
Royal Bank	075903116
Associated Bank	075900575
Westby Co-op Credit Union	275982539
Other Ba	ank:
Name & Address:	
Routing Number:	
To accept from Viroqua Municipa checking/savings account #	al Utilities, a debit against my , for payment of my utility water
The payment will be deducted between t	the 15 th and the 20 th of every month.
Signatu	ire

**As of July 7, 1998, the above banks do not charge a fee for this service. However, if at some point they do begin such service fees, those fees will be charged to you, the customer, on your monthly utility bill. **