CEDAR LAKE UTILITIES

Office of the Clerk-Treasurer

7408 Constitution Avenue
PO Box 707
Cedar Lake, IN 46303-0707
Tel: (219) 374-7000
Fax: (219) 374-8588
E-mail – utilitybill@cedarlakein.org

HOW TO SIGN UP:

- ! Sign up by completing and returning this authorization form.
- ! Enclose a cancelled or voided check with this form.

AUTOMATIC BILL PAYMENT:

I authorize the Financial Institution named below to pay my monthly utility bill to the Town of Cedar Lake by charging each payment to the account specified by me. I agree that each payment shall be the same as if it were an instrument signed by me. The authority is in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by notifying the Utility Billing Office thirty (30) days prior to the withdrawal date. I will still be responsible for payment of my bill by the due date. I understand, however, that both the Financial Institution and the Town of Cedar Lake reserve the right to terminate this payment plan or my participation therein. A return check fee will be charged for all non-sufficient funds.

- ! **Yes, I agree to have my utility bill payments automatically withdrawn from my bank account. Payments will be withdrawn from my checking account on the 15th of each month.**

E-BILLING

An e-bill is an electronic bill that can only be viewed online. It replaces paper bills that are sent in the mail.
- ! **Yes, I agree to receive my utility bill electronically. I understand I will no longer receive a paper bill.**

Account number(s) (as shown on your utility bill):_____

Name: (as shown on your utility bill):_____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Signature: _____ Date: _____

(if signing up for Automatic Bill Payment, also complete this section)

Financial Institution Name: _____

- ! Checking (attach voided check)
- ! Savings (attach deposit slip)

Please return this completed and signed form to Cedar Lake Utilities, PO Box 707, Cedar Lake, IN 46303.

Office use only:

Authorization form received: Date: _____ By: _____

Entered: Date: _____ By: _____ Checked by: _____ Date: _____