



**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](mailto: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 **Yes, I agree to have my utility bill payments automatically withdrawn from my bank account. Payments will be withdrawn from my checking account on the 15<sup>th</sup> 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: \_\_\_\_\_