

Town of Chrisney
PO Box 26
22 E. Chestnut Street
Chrisney, Indiana 47611
Office (812) 362-8668 • FAX (812) 362-8678

Dear Customer,

Chrisney Municipal Utilities now offers **AUTO-PAY!** You can have your water, sewer and gas utility bill automatically deducted from your checking or savings account. No more check writing, postage or late payments! If you sign up, you will still receive a utility bill each month but it will now say direct withdrawal. Then on the 20th of each month, the electronic transfer will be made. If the 20th lands on a weekend or holiday, the transfer will be made the following business day. Generally, this service is free of charge but you may contact your Financial Institution for their policy.

This institution is an equal opportunity provider and employer

Let's get started:

1. Fill out the form below.
2. Send this complete page and a voided check to:

Chrisney Municipal Utilities
PO Box 26
Chrisney, IN 47611

Account Information

Name on Account _____ Chrisney Utilities
Account Number _____

Name of Financial Institution _____ Routing Number _____

Account Number _____ Checking
 Savings

Start my auto-pay with the bill due (Circle one) The 20th of: January February March
April May June July August September
October November December 2025

Authorization Agreement

I, _____, hereby authorize Chrisney Municipal Utilities to initiate automatic withdrawals from my account at the financial institution named above. I also authorize Chrisney Municipal Utilities to make deposits into this account in the event of a correction.

Further, I agree not to hold Chrisney Municipal Utilities responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution. This agreement will remain in effect until Chrisney Municipal Utilities receives a written notice of cancellation from me or my financial institution. I understand that both Chrisney Municipal Utilities and my financial institution reserve the right to terminate this payment plan or my participation therein.

Authorized Signature _____ Date: _____

Phone number _____