



## Electronic Funds Transfer (EFT) Consent Form

I authorize St. Croix Gas and the financial institution named below to initiate entries to my checking or savings account. This authority will remaining in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
St. Croix Gas Account #

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Address

**Important! Enclose a voided copy of your check or savings account deposit slip (mark the word VOID across it).**

Your check must bear your name.

How EFT works:

Your bill will come every month on or around the 5<sup>th</sup>. Look for the initials **EFT** in the bottom left corner of your bill. They indicate that payment will be automatically deducted from this checking account on the due date (normally the 25<sup>th</sup> of the month).

If EFT does not appear in the bottom left corner, that means that you should pay the bill normally. EFT takes about one billing cycle to take effect.

Questions? Call us at 715-425-6177 weekdays, 8 a.m. – 5 p.m.

***Call and ask about our Budget Plan  
to make these payments predictable!***



415 S. Second Street  
River Falls, WI 54022 715-425-6177  
Office hours: Weekdays, 8 a.m. – 5 p.m.