



[www.stcroixgas.com](http://www.stcroixgas.com)  
 415 S Second St  
 River Falls, WI 54022  
 (715) 425-6177

**DECEMBER 2020**

**Due Date:**  
**December 28,**  
**Monday**

Your payment is on time if it is received on the due date by closing time at our payment locations. Mail in time to meet this date or drop your payment at:

River Falls Location:  
 Our office, 415 S. 2nd Street.  
 Due date deadline: 5 p.m.

Prescott Location:  
 First National Bank,  
 1151 N. Canton Street.  
 Due date deadline:  
 lobby - 5 p.m.,  
 drive-up window - 5:30 p.m.

Online bill payers:  
 allow 10 business days for your payment check to reach us to avoid late fees.



ONLINE: Visit us at [www.stcroixgas.com](http://www.stcroixgas.com).

You can click through to pay by credit card or check with Payment Service Network. Or call PSN at 877-885-7968.

There is a \$3.99 transaction charge.

Or... AutoPay is free and automatic each month—details on our website. Pair it with Budget Plan to make your gas bill payment amount predictable.

**Please avoid visiting us!**



COVID is reaching new heights in Pierce and St. Croix Counties.

Please use one of these methods of payment if you can:

- Mail your payment to P.O. Box 6, River Falls.
- Drop your payment in our door slot.
- Sign up for AutoPay (see below).
- Pay at First National Bank in Prescott (see sidebar for address and hours).
- Pay with credit or debit card or checking account number by calling PSN (see sidebar for phone number and transaction charge). Be sure to specify St. Croix Gas.

If you need to close your account, check our website for online forms. Call us with any questions. Thank you!

**Sign up for Auto Pay—Mail this form to us, or drop at our office**

Simplify your life with Auto Pay for your gas bill. Each month, on the due date, St. Croix Gas will automatically withdraw your gas bill payment from your checking or savings account. This service is free!

When your bill arrives at the beginning of the month, you will see the amount that will be withdrawn. The payment will not be withdrawn until the due date, usually the 25th, or later if that falls on a weekend or holiday.

I authorize St. Croix Gas and the financial institution named below to initiate entries to my checking or savings account. This authority will remain 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.

Customer Gas Account # \_\_\_\_\_

Customer Name \_\_\_\_\_

Customer Address \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Bank Account # \_\_\_\_\_

**Important! Enclose a voided copy of your check or savings account deposit slip (mark the word VOID across it) or a deposit verification form on bank letterhead. The document provided must bear your name.**