

SAVE Time & Money

Simplify your bill paying process

The Automatic Withdraw Plan is now available from Culligan of Inver Grove Heights.


Enjoy the convenience of having your Culligan payment automatically withdrawn from your checking, savings, or credit card account on the 10th of each month.

How To Get Started

The Authorization Form (below) is provided for your convenience. To enroll, please complete and return this form with your current payment. **Mail to:** Culligan Metro South, 1801 50th Street East, Inver Grove Heights, MN 55077. *Note: To assure accuracy, it is appreciated if customers choosing to withdraw checking account funds attach a voided check.*

- ✓ No need to worry about late payments. Your bill will always be paid on time.
- ✓ Save time and postage. You won't need to write and mail a monthly check or pay for the cost of an envelope and postage.
- ✓ Easily update your bank records. You will know in advance of how much will be deducted from your account. Your Culligan bill will continue to be mailed in the first working days of the month, showing the transactions applied to your account.
- ✓ No additional costs associated with this plan.

Attach VOIDED CHECK here.

Culligan Account Number:		Company Name:		
Last Name		First Name		
Address		City	State	Zip
Home Phone	Cell Phone	Work Phone		
SAVINGS/CHECKING	Please debit payments from my (check one):		Please charge my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
	<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Credit Card #:	
	<input type="checkbox"/> Checking Account (staple a voided check to this form)		Expir. Date:	
	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>		Name on Card:	
Account Number: _____		Billing Address (if different from above):		
 <p>Routing # (9 digit) Account # Check #</p> <p>1:00 1 2 3 4 5 6 7: 9 8 7 6 5 4 3 2 1* 0 10 1</p>				
I authorize Culligan of Inver Grove Heights, MN and Vanco Services, LLC to process debit entries to my account in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.				
Authorized Signature: _____ Date: ___/___/___ Auto Payment Date is the 10th of the every month				