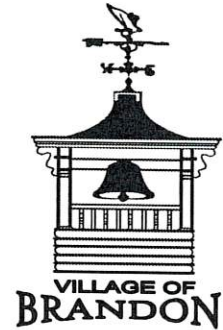


PO Box 385
115 N. Center Street
Brandon, WI 53919

Village of Brandon



Phone: 920-346-5415
Fax: 920-346-8217

January 23, 2024

Village Residents & Business Owners:

The Office of the Commissioner of Railroads has been conducting an investigation to consider the adequacy of warning devices at the grade crossings of the Wisconsin & Southern Railroad, LLC (WSOR) tracks with Jefferson St., Washington St., and Bowen St. and the potential closure of the Jefferson St. and Bowen St. crossings. The village has taken steps to correct any compliance issues as they become aware.

On November 29, 2023 the Village Board approved Resolution 2023-04 – A resolution to oppose closure of Village of Brandon railroad crossings. A copy of this resolution can be found on the village website at www.villageofbrandon.com or on the Public Service Commission of Wisconsin website under docket 9170-RX-416.

If any resident or business is interested in writing a letter opposing the closure of these crossings, please send them to:

Office of the Commissioner of Railroads
Docket 9170-RX-416
PO Box 7854
Madison, WI 53707-7854

Or email: heather.graves@wisconsin.gov. Please remember to include docket number 9170-RX-416 with all correspondence.

Thank you,

Corinne Vande Zande
Village Clerk

Schedule H

ACH Authorization Agreements – ACH Debits

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBIT)

Company Name: **Village of Brandon**

I (we) hereby authorize Villlage of Brandon, hereinafter called COMPANY, to initiate debit entries to my (our) Checking/Savings Account indicated at the financial institution named below, and any credit entries necessary to correct errors. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name: _____

Address: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing Number: _____

Account Number: _____ Account Type: Checking Account

Savings Account

Amount Amount Billed

Frequency: Monthly (15th of the month)

(If the 15th of the month is a non-processing day, I agree the transfer will then be made on the first processing day after the scheduled payment date.)

Beginning Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and Bristol Morgan Bank a reasonable opportunity to act on it.

Revocation of Authorized Agreement for Direct Debit (ACH Debit)

I hereby revoke the above authorization as of _____.

Signature: _____