

ASHWAUBENON UTILITY CHECK FREE AUTOMATIC PAYMENT PLAN AGREEMENT

Please print name, address & account number exactly as they appear on your bill Be sure to include a check marked "void" to tell us from which bank account you want your payments deducted.

Account Information				
Name				
Service Address				
Utility Account #			(XXXXXX - XX	Please leave off any leading zeros)
Phone		Best time to call		
Mailing Address (if di	fferent than above)			
Street Address				
or P.O. BOX				

Important Information

- Payment will be deducted on the due date shown on the water and sewer bill.
- If you wish to have your payment deducted from your savings account, please read the question and answer form about savings accounts in the attached information.
- Water bills will continue to vary depending on usage and rates.
- A water and sewer bill will be sent to you so that you can review your bill prior to deduction from your account.

Authorization

Based on the above, I hereby authorize the Green Bay City Water Utility to initiate entries to my account at the institution named on the enclosed voided check, and authorize that institution to debit my account for those entries. This authorization will remain in effect until I terminate it, allowing reasonable time for Ashwaubenon Water & Sewer Utility and my bank to act. I have the right to stop payment on an individual entry or to have entries corrected by timely notification to Green Bay City Water Utility and my financial institution. Ashwaubenon Water & Sewer Utility also has the right to cancel this agreement at any time by providing timely notification to me.

Signature: _____

Date: _____

Complete and return this agreement along with one of your checks marked "VOID" to:

Ashwaubenon Utility P.O. Box 187 Green Bay, WI 54305-0187