

# Auto Pay Enrollment Form

## Village of Monticello – Municipal Utilities

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To sign up for Auto Pay, simply complete and sign the enrollment form on the back. *(Please print name and account number exactly as they appear on your utility bill.)*

Please check the appropriate box:  New Signup  Change Banking Info.

### **Utility Account Information**

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

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

1<sup>st</sup> Account # \_\_\_\_\_

Service Address: \_\_\_\_\_

2<sup>nd</sup> Account # \_\_\_\_\_

Service Address: \_\_\_\_\_

### **Payment Information**

Automatic Payment will be drawn on the **due date of utility bill**.

Note: Payment amounts will vary each month. Customer will receive their regular monthly billing notice on the 1<sup>st</sup> of each month. If you do not receive your bill by the 5<sup>th</sup> of the month, contact the Utility Office immediately.

### **Financial Institution Information**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Checking Account – **Please attach a voided check**

Savings Account – **Please attach a deposit ticket**

Is this a  Personal or  Business bank account?

**PLEASE READ BACK OF PAGE AND SIGN.....**

**Terms of Agreement  
Monticello Municipal Utilities  
Auto Pay Enrollment Option**

Customers of Monticello Municipal Utilities by signing the Auto Pay Enrollment form agree to the following **Terms of Agreement**.

I authorize Monticello Municipal Utilities to automatically debit the account listed for my monthly utility services. I understand that this preauthorized payment will continue each month for the amount due to Monticello Municipal Utilities

A customer using the automatic payment system is responsible for maintaining sufficient funds in the customer's deposit account on the dates on which payments are drawn. Any customer having insufficient funds in the customer's deposit account or a closed account twice within a six-month period shall be disqualified from using the automatic payment system for the subsequent twelve (12) month period. During this period, the account must be paid by cash or certified funds. Account holder will be responsible for all fees charged by their financial institute for insufficient funds.

Information provided on this form will be used solely for purposes of processing payments on utility customers account and for no other purpose. Currently, there is no charge for this service to customers. If the Utility's financial institution changes their policy and assesses a fee for this service, Public Service Commission rules require the Utility to pass these fees on to the customer. Written notice will be provided to the customer prior to assessing any processing fees. I may revoke the preauthorized payment plan at any time with thirty (30) days written notice to:

Monticello Municipal Utilities  
140 N. Main Street  
PO Box 147  
Monticello, WI 53570

\_\_\_\_\_ Date

\_\_\_\_\_ Signature: (authorized signer on account)

FOR OFFICE USE:

Start Date

\_\_\_\_\_ Date

\_\_\_\_\_ Initials