

PLATTEVILLE WATER & SEWER DEPARTMENT

75 N Bonson St. / PO Box 780

Platteville, WI 53818

FAX: 608.348.6098

AUTOMATIC PAYMENT PLAN AGREEMENT

UTILITY ACCOUNT NUMBER _____

NEW _____ CHANGE _____ CANCEL _____

CUSTOMER NAME _____

SERVICE ADDRESS _____

TELEPHONE NUMBER _____

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FINANCIAL INSTITUTION INFORMATION

Bank Name _____

Bank Address (if not Platteville) _____

Bank Phone Number (if not Platteville) _____

Type of Account (check one):
_____ Personal Checking (Attach voided check)
_____ Business Checking (Attach voided check)
_____ Personal Savings
_____ Business Savings

Bank Routing Number _____

Bank Account Number _____

I hereby authorize Platteville Water and Sewer Department and the financial institution named above to initiate entries from my checking/savings account for payment of my monthly utility bills. This authorization will remain in effect until I terminate it, allowing reasonable time for Platteville Water and Sewer Department and my bank to cancel the automatic payments. I have the right to stop payment on an individual entry or to have entries corrected by timely notification to my financial institution. Platteville Water and Sewer Department has the right to cancel this agreement for insufficient payments to my Water & Sewer account and also has the right to disconnect my Water & Sewer utility service per PSC Rules for insufficient funds and nonpayment.

Customer Signature: _____

Date: _____

Return to our office or email: wsstaff@platteville.org with a copy of a voided check.