

Auto Pay Enrollment Form

Village of Arena – Municipal Utilities

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 #: _____

1st Account # _____

Service Address: _____

2nd 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 1st of each month. If you do not receive your bill by the 5th 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 Arena
Municipal Utilities Auto Pay
Enrollment Option**

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

I authorize Arena 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 Arena 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:

Arena Municipal Utilities
345 West Street
Arena, WI 53503

Date

Signature: (authorized signer on account)

FOR OFFICE USE:

Start Date

Date

Initials