

**MARINETTE WATER UTILITY**  
501 WATER STREET  
MARINETTE WI 54143-2720  
(715) 732-5180

**AUTOPAY ENROLLMENT FORM**

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

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

Mailing Address (if different from Service Address):

\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

Utility Account No: \_\_\_\_\_

I authorize the Marinette Water and Wastewater Utilities to instruct my financial institution to deduct my payments from my checking/savings account.

If at any time I decide to discontinue this payment service, I will notify the Marinette Water and Wastewater Utilities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOU MUST INCLUDE A VOIDED CHECK SO THAT WE CAN RECORD THE CORRECT BANKING INFORMATION.**

The Utilities must receive this signed form and a voided check by the 15<sup>th</sup> of the month the service will be effective. For example, for the Auto Pay service to be effective for the December bill, we must receive the information by the 15<sup>th</sup> of December. If the information is received after the 15<sup>th</sup>, then the Auto Pay service will be effective for the bill you receive in January.

Your payment will be withdrawn from your account on the 20<sup>th</sup> of each month. This authorization is to remain effective until the Water Utility has received written Notification of its termination.

Return completed form and voided check to:

**MARINETTE WATER UTILITY**  
**501 WATER STREET**  
**MARINETTE WI 54143**

:  
Customer Note \_\_\_\_\_  
User Defined ACH \_\_\_\_\_  
Active \_\_\_\_\_  
Attached \_\_\_\_\_