

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: _____

Checking Account No.: _____

Savings 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 in writing

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 15th 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 15th of December. If the information is received after the 15th, 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Your payment will be withdrawn from your account on the 20th of each month.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 _____