Madison
Water Utility
119 East Olin Ave, Madison, WI 53713
608.266.4651

MADISON MUNICIPAL SERVICES

Auto Bill Pay/ ACH (Automatic Clearing House) Form

Completed forms can be mailed to the address above or faxed: 608-266-4426.

☐ **New Enrollment** ☐ **Change in Financial Institution**

I (we) hereby authorize Madison Water Utility to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTUTITION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Madison Municipal Services Account Information

_____
Name(s) shown on Madison Municipal Services bill

_____
Service Address

_____ _____
Madison Municipal Services Account number Madison Municipal Services Customer Number

_____ _____
E-mail address Home telephone

Financial Institution Information

_____ _____
Name(s) on the Financial Institution Account Financial Institution Name

_____
Financial Institution Address City/State Zip code

_____ _____ Type of Account (check one): ☐ Checking ☐ Savings
Routing Number Account Number

Payments will be deducted from your financial institution account on the due date stated on your bill. Automatic withdrawal will begin with the next billing cycle. Please continue to pay your bill until "You are on our PRE-AUTHORIZED PAYMENT PLAN" appears on your statement.

Based on the information above, I hereby authorize Madison Water Utility to initiate entries to my account at the Financial Institution named above, and authorize that financial institution to debit my account for those entries. This authority is to remain in full force and effect until Madison Water Utility has received written notification from the customer at least 30 days in advance of the next scheduled payment. I have the right to stop payment on an individual entry or to have entries corrected by timely notification to my Financial Institution. Madison Water Utility also has the right to cancel this agreement for insufficient payments to my account.

_____ _____ _____
(Print individual name) (Signature) (Date)

_____ _____ _____
(Print individual name) (Signature) (Date)