

**UTILITY AUTO PAY
ENROLLMENT OR
CHANGE FORM**

Find yourself next to the water.



City of Ashland, Wisconsin
601 Main Street West Ashland, WI 54806 www.coawi.org

City of Ashland Utilities offers Direct Pay at NO CHARGE for your water/sewer/garbage. Please complete the information below and return to City Hall. Payments will be made and taken from your bank account on the due date, which is on or around the 10th of the MONTH. If you have multiple accounts you can indicate all of them on this form. Customers currently using auto pay through Payment Service Network (PSN) will need to cancel directly with PSN. City staff does not have the capability to do this on behalf of the customer.

- I wish to sign up for Auto Pay. Complete and sign the enrollment form below.
- Change Banking Info.
- I wish to stop Auto Pay (30 day written notice is required)

Utility Account Information (Please continue on back if more than one account)

Customer Name: _____
Address: _____
Phone #: _____
Utility Account # _____
Property Address _____

Payment Information Note: Payment amounts will vary each month. If you do not receive your bill by the **25th of the month**, contact us immediately at 715-682-7071.

Financial Institution Information

Name: _____ Phone # _____
Address: _____
Bank Routing Number _____ Bank Account Number _____
 Checking Account – **attach a voided check** Savings Account – **attach a deposit ticket**

Terms of Agreement

Utility customers of the City of Ashland by signing the Direct Pay Enrollment form agree to the following Terms of Agreement:

I authorize the City of Ashland 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 and that the payment amount may vary. 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 and the utility 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. **THERE IS NO CHARGE TO OUR CUSTOMERS FOR THIS SERVICE.** 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 (utility customer) may revoke the preauthorized payment plan at any time with thirty (30) days written notice to the City of Ashland Utility Billing Department.

X _____
CUSTOMER SIGNATURE
DATE _____

FOR OFFICE USE ONLY
START DATE _____
RCVD DATE/BY _____
NOTES: _____

