



UTILITY BILLING

DIRECT PAYMENT FORM

an ACH form

THREE EASY STEPS TO COMPLETE

1. Complete the "SAMPLE AUTHORIZATION FORM" AND "Authorization Form" WITH THE SAME INFORMATION.
2. Attach a voided check or savings deposit slip to the "Authorization Form" being returned.
3. Submit ONLY the completed Authorization form by mail or drop off at:

City of Pewaukee
Water & Sewer Utility
W240N3065 Pewaukee Rd.
Pewaukee WI 53072

SAMPLE AUTHORIZATION FORM

CUSTOMER NAME _____ EMAIL ADDRESS _____

ADDRESS _____ UTILITY ACCOUNT # (from statement) _____

CITY, STATE, ZIP _____ DAY TIME PHONE _____ CELL PHONE _____

FINANCIAL INSTITUTION'S NAME _____

(Please check one) CHECKING ACCOUNT OR SAVINGS ACCOUNT

BANK ROUTING NUMBER _____ ACCOUNT NUMBER _____

I authorize the City of Pewaukee Water & Sewer Utility to initiate entries to my (our) account as described above. This authority is to remain in full force and effect until the Utility has received written notification from me of its termination in such time and manner as to afford the Utility a reasonable opportunity to act on it.

SIGNATURE _____ DATE _____

SIGNATURE OF JOINT ACCOUNT HOLDER _____ DATE _____

Attach a voided check from a checking account or voided deposit slip for a savings.

May 2014

CUSTOMER'S RESPONSIBILITIES:

Record of Payment – Your monthly bank statement will indicate the amount and date of your automatic transfer. Retain this record as proof of payment for future reference regarding your billing. If a question arises regarding your transfer or if the amount differs from your bill, you must notify us and your financial institution within 45 days of the date of the questioned statement. Your financial institution will advise you of rights concerning an error.

Availability of Funds – You are responsible for having enough money in the account you designated on your payment date. As with checks returned for non-sufficient funds, there is a **\$29.00 NSF** charge on all returned automatic payments for non-sufficient funds. Direct payment may be canceled if a payment is returned.

Payment Date & Amount –The payment amount and the date this amount will be transferred from your bank account will be clearly stated on your quarterly utility statement.

Termination – Your direct payment will remain in effect unless we receive written notice from you 10 days prior to the next scheduled billing date or until your direct payment is terminated. Additionally, you must provide the same notice if you have closed your bank account.

Account/Address Change – Notify the City of Pewaukee Water & Sewer Utility of any account or address changes 10 days prior to billing date for uninterrupted billing or late charges.

Questions – Contact the Utilities at (262) 691-0804.



**UTILITY BILLING
DIRECT PAYMENT FORM**
an ACH FORM

If enrolling in a Direct Payment, please submit this form by mail or drop off at:

City of Pewaukee
Water & Sewer Utility
W240N3065 Pewaukee Road
Pewaukee WI 53072

AUTHORIZATION FORM

CUSTOMER NAME _____ EMAIL ADDRESS _____

ADDRESS _____ UTILITY ACCOUNT # (from statement) _____

CITY, STATE, ZIP _____ DAY TIME PHONE _____ CELL PHONE _____

FINANCIAL INSTITUTION'S NAME _____

(Please check one) CHECKING ACCOUNT OR SAVINGS ACCOUNT

BANK ROUTING NUMBER _____ ACCOUNT NUMBER _____

I authorize the City of Pewaukee Water & Sewer Utility to initiate entries to my (our) account as described above. This authority is to remain in full force and effect until the Utility has received written notification from me of its termination in such time and manner as to afford the Utility a reasonable opportunity to act on it.

SIGNATURE _____ DATE _____

SIGNATURE OF JOINT ACCOUNT HOLDER _____ DATE _____

Attach a voided check from a checking account or voided deposit slip for a savings