



**Village of Montfort
PO Box 157
102 E. Park Street
Montfort, WI 53569**

If you would like to utilize this payment option (**NO CHARGE**) for your water/sewer/garbage, please complete the information below and return to the Village Office. **Payments will be made and taken from your bank account on the 17th of EACH MONTH.** If you have multiple accounts you can indicate all of them on this form.

Direct Pay Enrollment Form

Village of Montfort Utilities

I wish to sign up for Auto Pay. Complete and sign the enrollment form below.
 Change Banking Info. I wish to decline at this time. *(Please print name and account number exactly as they appear on your utility bill.)*

Utility Account Information

Customer Name: _____
Address: _____
Telephone #: _____
1st Utility Account # _____
Service Address: _____
2nd Utility Account # _____
Service Address: _____

Payment Information

Note: Payment amounts will vary each month. If you do not receive your bill by the **5th of the month**, contact the Village Office immediately at 608-924-5881.

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

Customers of Village of Montfort Utilities by signing the Direct Pay Enrollment form agree to the following Terms of Agreement. I authorize Village of Montfort Utilities 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 to Village of Montfort Utilities. 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 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 may revoke the preauthorized payment plan at any time with thirty (30) days written notice to:

X

Signature and Date:

For Office Use: _____ Start Date Initials
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