



**CITY OF MILTON
AUTOMATIC BILL PAYMENT ENROLLMENT FORM**

Customer Utility Account Number _____

Customer Utility Account Name _____

Customer Utility Account Address _____

Mailing Address if different: _____

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Financial Institution Account Number: _____

Please include a 'Voided' check or deposit ticket.

I hereby authorize the City of Milton Utility Department to withdraw the current balance from my personal account named above. Shall accurate funds not be available, I understand I may be charged a fee for insufficient funds and could be removed from the direct payment authorization and be made a Cash Only account for a period of at least six months.

Customer Signature _____

By signing up for direct pay, you will continue to receive your bi-monthly utility bill. Your bill will state "Auto Pay – Do Not Pay". The balance due will be deducted from your account on the due date or the most immediate business day shall the due date fall on a weekend/holiday. The deduction will appear as a transaction by the City of Milton. You may elect to discontinue participation in auto pay at any time. Please notify the Utility Department in writing of such intent.

If at any time you have questions or concerns, please contact the Utility Department at 868-6901.

Date Received: _____	Staff Initials: _____
Date Entered: _____	
Staff Notes: _____	

City of Milton Water Utility Department
710 S. Janesville Street; Milton, WI 53563 (608) 868-6901
cchesebro@milton-wi.gov