

**AUTHORIZATION AND ENROLLMENT FOR ALGOMA UTILITIES
AUTOMATIC BILL PAYMENT SERVICE**

Please print

CUSTOMER NAME (as shown on bill) _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DAYTIME PHONE NUMBER _____ **EMAIL ADDRESS** _____

ACCOUNT NUMBER (as shown on bill) _____

NAME OF FINANCIAL INSTITUTION _____

BRANCH _____ **PHONE NUMBER** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

BANK ROUTING NUMBER _____ (9 digits)

ACCOUNT NUMBER _____

*** PLEASE CIRCLE WHAT TYPE OF ACCOUNT: CHECKING OR SAVINGS**

*** IF A CHECKING ACCOUNT PLEASE CIRCLE: PERSONAL OR BUSINESS ACCOUNT**

Contact your financial institution for routing number, account number and location if you are uncertain of this information. It is my responsibility to notify Algoma Utility if my account information changes.

This authorization will remain in full force and effect until Algoma Utilities has received written notification from me of its termination in such time and in such manner as to afford Algoma Utilities and my financial institution a reasonable opportunity to act on it. Algoma Utilities has the right to cancel this agreement for insufficient payments from my account.

I hereby authorize Algoma Utilities to initiate entries to my checking or savings account as indicated above at the financial institution named above.

NAME (please print) _____

SIGNATURE _____ **DATE** _____

****Return this agreement along with a "voided" check or savings deposit form to:**

Algoma Utilities, 1407 Flora Avenue, Algoma, WI 54201

Effective 3/10/2010