



ELECTRONIC BILL PAYMENT ENROLLMENT FORM

Algoma Utilities offers a **free electronic bill payment service**. You can have your utility bill electronically paid from any bank, credit union, or financial institution account.

You will continue to receive your monthly bill so you can monitor your account. Your bill will state **"PRE-AUTHORIZED PAYMENT – DO NOT PAY"**. The due date that appears on your bill is the date the funds are withdrawn from your account.

To sign up for pre-authorized electronic bill payment service, please fill out and return the form below with a **voided check or savings deposit form** to 1407 Flora Ave., Algoma, WI 54201. If submitted after the 10th of the month, please enclose your payment for this month. If you have any questions, please contact us at 920-487-5556.

Prenote _____
Start date: _____
Circle Class Code: A R B C I L P S

Office Use Only:

I understand that if the utility receives my form by the 10th of the month, the bill payment service will begin for the current billing cycle. If I wish to start the service the next month, it is my responsibility to call the utility. I also understand that I am responsible for notifying the utility of bank changes by the 10th of the month and ensuring that the necessary funds are available at the time the pre-authorized payment occurs (due date on bill).

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.

Name on Bill _____

Account Number on Bill _____

Customer Address _____

Phone _____ Email _____

Name of Financial Institution _____

City & State of Financial Institution _____

Select Type of Account (Required):

- Checking – Personal account
- Checking – Business account
- Savings – Personal account
- Savings – Business account

Routing Number _____ Account Number _____

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

Authorized Signature _____ Date: _____