

## **AN EASIER WAY TO PAY YOUR UTILITY BILL...**

The Phelps Sanitary District is offering an Automatic Utility Bill Payment Program. With the FREE electronic bill payment service, you can have your utility bill electronically paid from any bank, savings and loan, or credit union checking account.

- No more checks to write
- No postage to pay
- No late payment charges
- No trips to pay your bill in person
- No fees for this service
- No matter where you are, your bill will be paid
- Easy to sign up, easy to cancel

### **HOW DOES THIS WORK?**

It is easy. Just complete the “Automatic Payment Plan Agreement” on the reverse side of this insert, sign it, attach a voided check and return it to us. We will continue to send you a monthly utility bill. When you receive your bill, review it. If everything is in order, record the amount in your checkbook register. If you have a question about this bill, just call us at 715-545-3409. On the 20<sup>th</sup> of each month, your amount due will automatically be deducted from your checking account.

### **WHEN WILL THIS TAKE PLACE?**

Once we receive your authorization, we will proceed with setting up your account. We must test the number through the banking system prior to doing the actual transaction. When you notice the message **\*\*Pre-Authorized Payment –Do Not Pay \*\*** below the “payment due box” on the upper right hand corner of your utility bill, that bill payment will be automatically deducted from your account. Note that the deduction will always be made on the 20<sup>th</sup> of each month.

### **WHAT IF I WANT TO STOP THE PLAN?**

You can cancel agreement at any time. Just give us a call.

To get started, fill out the AUTOMATIC PAYMENT PLAN AGREEMENT on the reverse side of this insert and return it with a voided check to:

The Phelps Sanitary District #1  
Post Office Box 227  
Phelps, WI 54554-0227

**AUTOMATIC PAYMENT PLAN AGREEMENT**

NAME: \_\_\_\_\_

(Please print)

PHELPS SANITARY DISTRICT ACCOUNT # \_\_\_\_\_

TELEPHONE NUMBER (HOME): \_\_\_\_\_

TELEPHONE NUMBER (CELL): \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

FINANCIAL INSTITUTION ADDRESS: \_\_\_\_\_

CHECKING ACCOUNT NUMBER: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

➤ **NOTE: Please attach a voided check to ensure accurate processing.**

I authorize The Phelps Sanitary District #1 and the financial institution name above to initiate entries to my checking account for payment of my monthly utility bill. This authorization will remain in effect until I terminate it, allowing The Phelps Sanitary District #1 a reasonable time to act on that termination.

I agree to keep a balance in the designated account to allow for the prompt debit of the utility payment. If I have two (2) returns for insufficient funds in a 12-month period, The Phelps Sanitary District #1 has the right to remove me from the Automatic Payment Plan.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please call our office at 715-617-2285 if you have any questions about this application. We will be happy to assist you in completing this form.

Return this agreement along with a voided check to:

The Phelps Sanitary District #1  
Post Office Box 227  
Phelps, WI 54554-0227