

AUTOMATIC PAYMENT PLAN AGREEMENT FORM

PHONE 262-673-8212

CITY OF HARTFORD UTILITIES
109 NORTH MAIN STREET
HARTFORD, WI 53027

Name: _____

Utility Account Number: _____

Service Address: _____

Telephone Number: _____

Name of Financial Institution: _____

Type of Account (**check one**): _____ Checking _____ Savings

Bank Routing Number: _____

Bank Account Number: _____

PLEASE NOTE: You must attach a voided check or savings verification documentation to ensure accurate processing.

Based on the above, I hereby authorize Hartford Utilities and the financial institution named above to initiate entries to my checking/savings account for payment of my monthly utility bills. This authorization will remain in effect until I terminate it, allowing reasonable time for Hartford Utilities and my bank to act. I have the right to stop payment on an individual entry or to have entries corrected by timely notification to my financial institution. Hartford Utilities also has the right to cancel this agreement for insufficient payments to my account.

Signature: _____ Date: _____