

**CITY OF HARTFORD UTILITIES**

109 NORTH MAIN STREET

HARTFORD, WI 53027

PHONE 673-8212

**AUTOMATIC PAYMENT PLAN AGREEMENT FORM**

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: \_\_\_\_\_

*Note: If the transaction will be from a checking account, you must attach a voided check 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: \_\_\_\_\_