

THE VILLAGE OF



RIDGEWAY

Village of Ridgeway | 208 Jarvis Street | Suite A | Ridgeway, WI 53582

**Direct Pay Enrollment Form**

Ridgeway Utilities offers Direct Payment at **NO CHARGE** for water/sewer/garbage bills. Please complete the information below and return to the Village Office. **Payments will be processed from your bank account on or around the 21<sup>ST</sup> of EACH MONTH.** If you have multiple accounts you can indicate all of them on this form.

Sign up for Auto Pay.  Change Banking Info.

I wish to decline at this time. *(Please print name and account number exactly as they appear on your utility bill.)*

I would like to be informed of what is happening in The Village and receive the Village of Ridgeway's Alerts, News and Notices (provide email and phone below).

**Utility Account Information**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

1st Utility Account # \_\_\_\_\_

Service Address: \_\_\_\_\_

2nd Utility Account # \_\_\_\_\_

Service Address: \_\_\_\_\_

**Payment Information**

Note: Payment amounts will vary each month. If you do not receive your bill by the **5th of the month**, contact the Village Office at 608-924-5881.

**Financial Institution Information**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Personal Account—**attach voided check** or other proof of account number and bank routing number

Business Account—**attach voided check** or other proof of account number and bank routing number

**Terms of Agreement**

Customers of Village of Ridgeway Utilities by signing the Direct Pay Enrollment form agree to the following Terms of Agreement.

I authorize Village of Ridgeway Utilities to automatically debit the account listed for my monthly utility services. I understand that this preauthorized payment will continue each month for the amount due to Village of Ridgeway Utilities.

A customer using the automatic payment system is responsible for maintaining sufficient funds in the customer's deposit account on the dates on which payments are drawn. Any customer having insufficient funds in the customer's deposit account or a closed account twice within a six-month period shall be disqualified from using the automatic payment system for the subsequent twelve (12) month period. During this period, the account must be paid by cash or certified funds. Account holder will be responsible for all fees charged by their financial institute for insufficient funds. Account holder will be charged \$10 by Ridgeway Utilities for returned payments due to insufficient funds or closed accounts.

Information provided on this form will be used solely for purposes of processing payments on utility customers account and for no other purpose. **THERE IS NO CHARGE TO OUR CUSTOMERS FOR THIS SERVICE.** If the Utility's financial institution changes their policy and assesses a fee for this service,

Public Service Commission rules require the Utility to pass these fees on to the customer. Written notice will be provided to the customer prior to assessing any processing fees. I may revoke the preauthorized payment plan at any time with thirty (30) days written notice to Ridgeway Utilities.

X

Signature and Date: \_\_\_\_\_

**For office use only:**

**Start Date:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

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