

COLUMBUS

WATER & LIGHT a Proud Member/Owner of WPPI

950 Maple Avenue
PO Box 228
Columbus, WI 53925
E-mail: columbus_w&l@wppisys.org

People You Know ... Service You Trust, Since 1896

Phone (920) 623-5912
FAX (920) 623-5923

AUTOMATIC PAYMENT PLAN AGREEMENT

ACCOUNT NAME - _____
(please print)

ACCOUNT NUMBER - _____
(Columbus Water & Light)

TELEPHONE NO. (H)- _____

TELEPHONE NO. (W) - _____

SERVICE ADDRESS - _____

NAME OF FINANCIAL INSTITUTION - _____

FINANCIAL INSTITUTION ADDRESS - _____

TYPE OF ACCOUNT (check one) - _____ CHECKING _____ SAVINGS

_____ SAVINGS ACCOUNT NUMBER

- **NOTE: If the transaction will be from a checking account, please attach a voided check to ensure accurate processing.**

I authorize **Columbus Water & Light** 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 Columbus Water & Light a reasonable time to act on that termination. The amount of payment may not exceed \$_____. 00. Any payment outside this limit is not authorized without my prior approval.

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 Columbus Water & Light has the right to remove me from the ACH program.

SIGNATURE - _____ DATE - _____

Please call our office if you have questions about the payment maximum for your utility bills. We will be happy to assist you in completing this form.

Return this agreement along with a voided check (if applicable) to:

Columbus Water & Light
950 Maple Avenue
P.O. Box 228
Columbus, Wisconsin 53925