

VILLAGE OF GILMAN

Automatic Payment Plan

Your utility bill can be automatically paid each month or quarterly from your checking or savings account.

Just fill out this form and return it to our office along with a **deposit slip or voided check** from your designated account. Return completed form to Gilman Village Hall, 380 East Main Street Gilman, WI 54433, or mail to PO BOX 157, Gilman, WI 54433 or email clerk@gilmanwi.com.

With automatic payment plan you will still receive your normal quarterly statement with a reminder that the amount will be automatically drafted from your account. If you have chosen monthly payments, you are responsible for payment by or cash of any remaining balance on the quarterly statement.

If your account does not have sufficient funds, the usual charges assessed by your financial institution and the utility will apply.

To stop automatic payment, contact GILMAN Utilities, in writing, by the 15th of the month.

Authorization Form

I, (We) authorize Gilman Utilities to debit my (our) account as described below:

Name(s), as shown on Utility Bill: _____

Utility Account Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Financial Institution: _____

Bank Account Number: _____ ROUTING # _____

Checking: _____ Savings: _____

Payment Frequency Monthly- Fixed Amount \$ _____

Quarterly – Balance of Bill _____

If payment is to be deducted from a checking account, please attach a blank voided check.

If payment is to be deducted from a savings account, please attach a deposit slip including your account number.

_____ **Sign me up to receive monthly water/sewer billings electronically. Email:** _____

This authority is to remain in effect until GILMAN Utilities has received written notice from me (or either one of us) of its termination in such time and manner to afford GILMAN Utilities a reasonable opportunity to act on it. GILMAN Utilities also has the right to cancel this agreement if sufficient funds are not maintained in the account.

Account Holder(s) Signature(s):

Date: _____

I wish to discontinue automatic payment from my checking or savings account.