Auto Pay Enrollment Form
City of Clintonville – Utilities Department

To sign up for Auto Pay, simply complete and sign the enrollment form below. (Please print name and account number exactly as they appear on your utility bill.)

Customer Name_____

Daytime Phone #_____

Mailing Address_____

City_____ State_____ Zip Code_____

Clintonville Utility Account(s) to enroll in Auto Pay:

1st Account #_____

Service Address_____

2nd Account #_____

Service Address_____

3rd Account #_____

Service Address_____

Financial Institution Information:

Name_____ Phone #_____

Address_____

Bank Routing Number_____

Bank Account Number_____

☐ Checking Account – Please attach a voided check.

☐ Savings Account – Please attach a deposit ticket.

Is this a ☐ Personal or ☐ Business bank account?

I authorize the City of Clintonville to instruct my financial institution to deduct my payment for the utility account(s) I have listed above. I may cancel or modify this preauthorized payment plan at any time with thirty (30) days written notice to the City of Clintonville.

Signature_____ Date_____

Please be advised that this electronic payment service may be discontinued and charges will be assessed if your account has insufficient funds at the time of the payment transfer.

Return this form and your attachment to: City of Clintonville, 50 Tenth Street, Clintonville, WI 54929 or utilities@clintonvillewi.gov

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It's free!

Your utility bill can now be automatically deducted from your checking account each month.

The due date that appears on your bill is the date the funds are withdrawn from your account. If this day falls on a weekend, the funds are withdrawn on the next business day.

It's easy!

Sign up today to start enjoying these benefits:

- No Checks to Write
- No Postage to Pay
- No Worries!

Questions?

Call 715-823-7640

For Office Use:

Group: CCD_____ PPD_____

Pre-Notification: _____ _____

Active: _____ _____