

City of **Boscobel**

MUNICIPAL UTILITIES

1006 WISCONSIN AVENUE – BOSCOBEL, WI 53805
BUSINESS OFFICE: (608) 375-5002 – Fax: (608) 375-4750



**AUTHORIZATION AND ENROLLMENT FOR BOSCOBEL UTILITIES
AUTOMATIC BILL PAYMENT CENTER**

PLEASE PRINT

CUSTOMER NAME (as shown on bill) _____

UTILITY SERVICE ADDRESS _____

MAILING ADDRESS IF DIFFERENT _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

UTILITY ACCOUNT NUMBER (as shown on bill) _____

NAME OF FINANCIAL INSTITUTION _____

BRANCH _____ PHONE NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BANK ROUTING NUMBER _____ (9 Digits)

CHECKING OR SAVINGS ACCOUNT NUMBER _____

*****(Please circle which type of account)***

*****(Attach voided check or deposit slip)***

Contact your financial institution for routing number, account number and location if you are uncertain of this information. It is my responsibility to notify Boscobel Utilities if my account information changes.

This authorization will remain in full force and effect until Boscobel Utilities has received written notification from me of its termination in such time and in such manner as to afford Boscobel Utilities and my financial institution a reasonable opportunity to act on it. Boscobel Utilities has the right to cancel this agreement for insufficient payments from my account.

I hereby authorize Boscobel Utilities to initiate entries to my checking or savings account as indicated above at the financial institution names above.

Name (please print) _____

Signature _____ Date _____

Please note: If you have already enrolled in this service, it is not necessary to return this form.