

Office
 213060 Legion St
 PO Box 12
 Stratford WI 54484-0012
 715-687-4166



Shop
 212711 Legion St
 PO Box 12
 Stratford WI 54484-0012
 715-687-4118

AUTOMATIC PAYMENT PLAN

What is the Automatic Payment Plan?

You can save time and money by automatically paying your utility bill (water, electric and sewer) through your checking or savings account. There is no charge for this service. You will continue to receive your monthly utility bill as usual. Automatic payments are processed each month on the due date listed on your utility bill (with adjustments for bank holidays).

Stratford Water & Electric Automatic Payment Plan Agreement

- I realize that utility bills may vary substantially, depending on usage and rates. Normal procedures will provide plenty of time to review my bill prior to deduction from my account.
- I hereby authorize Stratford Water & Electric to initiate entries to the bank account I have designated.
- I authorize that financial institution to debit my account for those entries. This authorization will remain in effect until I terminate it allowing reasonable time for Stratford Water & Electric and my bank to act on the termination.
- I have the right to stop payment on an individual entry or to have entries corrected by timely notification to my financial institution.
- I understand that a returned check fee, plus applicable bank fees, will be charged when my bank account has insufficient funds for a payment to be processed. I further understand Stratford Water & Electric has the right to cancel this agreement for insufficient payments.
- I understand Stratford Water & Electric will keep my banking information confidential.

Name	Utility Account #		
Mailing Address	City	State	Zip
Phone	Financial Institution		
Type of Account (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing #		
Type of Account (check one) <input type="checkbox"/> Personal <input type="checkbox"/> Commercial/Business	Bank Account #		

Please include a voided check or savings account deposit slip with this form.

Signature _____

Date _____

Office Use Only

Date of First Auto Pay _____