
Account # _____
SHAWANO MUNICIPAL UTILITIES
AUTOMATIC BILL PAYMENT PLAN ENROLLMENT FORM
-BANK DRAFT-
(Please Print)

Customer Name _____ Daytime Phone _____

Mailing Address _____

City _____ State _____ Zip _____

SMU Account(s) to be deducted _____ Service Address
_____ Service Address

Bank Account to Charge:

Name of Bank _____

Checking _____ (Include a voided check)

Savings _____ (Include a deposit ticket with bank's information)

I authorize Shawano Municipal Utilities to instruct my financial institution to deduct my payment for the utility account(s) I have listed above. If at any time I wish to make a change to this plan or discontinue this payment plan, I will notify Shawano Municipal Utilities.

Signature _____ Date _____

Please include a voided check to enable Shawano Municipal Utilities to deduct your utility bill from your checking account. Please include a deposit ticket to enable Shawano Municipal Utilities to deduct your utility bill from your savings account. We can not process this application without all of the requested information. This method does not work with credit cards.

Please return to: Shawano Municipal Utilities • 122 N Sawyer Street • PO Box 436 • Shawano WI 54166-0436 • Phone: 715-526-3131 • Fax: 715-524-3708

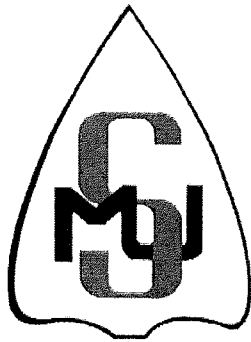
Did you remember to:

- Enclose the necessary forms.
- Sign the Enrollment Form.
- Complete the customer name, mailing address, etc.
- Complete the account information.

To ensure your account has been credited, check to see that the words "BANK DRAFT" are printed on your next SMU bill.

Automatic Bill Payment Plan Information

BANK DRAFT



Shawano Municipal Utilities

122 N Sawyer St
PO Box 436
Shawano WI 54166
Telephone: (715) 526-3131
Fax: (715) 524-3708

TERMS AND CONDITIONS OF ENROLLMENT

Authorization

Complete the enrollment form or call Shawano Municipal Utilities for details. Each payment shall be the same as if it were an instrument personally signed by you.

NOTE: The required bank instrument must be enclosed to ensure accurate processing.

Revocation

This authority will remain in effect until revoked by either the customer, Shawano Municipal Utilities, or the financial institution. You must notify us to discontinue this automatic bill payment plan.

Stop Payment

You have the right to stop payment of a charge by notifying your financial institution up to three (3) business days prior to the charging of your account. There will be a charge for this stop payment.

SAVE TIME AND MONEY

- * **How do I get started?** It's easy! Just complete the enrollment form, sign, enclose the required attachments and return to Shawano Municipal Utilities.
- * **When will this take effect?** Normally, within 4-6 weeks. Look for the words "**BANK DRAFT**" on your monthly billing. These words mean that the payment will be deducted from your financial institution this month.
- * **How will my bill be paid?** On the due date shown on your bill, the amount due will be automatically deducted from your account.
- * **How can I be sure my bill has been paid?** The payment will appear on your bank statement. It will also appear as a payment on the next billing statement you receive from Shawano Municipal Utilities.
- * **What if I have a question about my bill or want to stop this Automatic Payment Plan?** Simply contact Shawano Municipal Utilities.