



# An Easy Way to Pay!

The City offers all sewer & water customers an Automatic Payment Option (APO). By selecting the APO your quarterly services payment can be automatically withdrawn via an ACH process from your bank account.

The Automatic Payment Option has advantages:

- It saves time – writing and mailing checks
- Avoids late charges
- Assures timely payment even if you're on vacation or out of town

How does the Automatic Payment Option work?

- You authorize regularly scheduled payments to be made from your bank account.
- You will continue to receive a quarterly services bill with the charges to your account.
- The bill will indicate that a pre-authorized ACH withdrawal will be made from your bank account.
- Your payments will be automatically deducted from your bank account seven days prior to the specified due date of the quarterly services bill.
- The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

Simply complete and sign the following enrollment form, enclose a voided check, and return it to us.

Enrollment in APO may take up to 30 days to become effective. Please continue to pay your bill until you see the "Do Not Pay a pre-authorized ACH withdrawal will be taken" message on your bill.

-----  
Return the lower portion of this form

## City of Franklin

(Sewer/Water) APO Enrollment Form

### INSTRUCTIONS:

1. Include a canceled check, a check image or a check with "Void" written across the front. Please do not use a deposit slip.
2. Indicate type of account check is drawn on:  
 Checking account     Savings account
3. Complete and sign this form
4. Drop off or mail the lower portion of this form with your check and signature to:

Treasury Office  
City of Franklin  
9229 W. Loomis Road  
Franklin, WI 53132

Utility Account Number \_\_\_\_\_  
(on your utility bill - seven digit number )

Name \_\_\_\_\_ Please Print. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I authorize the City of Franklin to instruct my financial institution to deduct payments for the quarterly services bill from my account. If at any time I decide to change this financial institution, move from this address, or wish to discontinue this payment service, I will notify the City of Franklin in writing.

Bank change – please change my authorization  
 Please discontinue my APO authorization

Signature \_\_\_\_\_ Date \_\_\_\_\_