Complete and return this agreement form along with one of your checks marked "void" to: Village of Wrightstown Water Utility P.O. Box 1563 Green Bay, WI 54305-1563

VILLAGE OF WRIGHTSTOWN WATER UTILITY CHECKFREE AUTOMATIC PAYMENT PLAN AGREEMENT

(Please print name, address & acco	ount # exactly as they appear on y	our bill)
Name:		
Service Address:		
Village of Wrightstown Account #	<u>:</u>	
Mailing address if different than al	bove:	
Street or P.O. Box address:		
City:	State:	Zip:
Telephone # ()	Best time to call:	
• Payment will be deducted of	on the due date shown on the water	er & sewer bill.
• Water bills will continue to	vary depending on usage and rate	es.
• A water & sewer bill will b your account.	be sent to you so that you can revie	ew your bill prior to deduction from
the institution named on the enclos for those entries. This authorization for Green Bay Water Utility and more or to have entries corrected by time	sed voided check, and authorize the number of the will remain in effect until I term by bank to act. I have the right to sely notification to Green Bay Wat	ninate it, allowing reasonable time stop payment on an individual entry
Date:	Signature:	

IMPORTANT: Be sure to include a check marked "void" to tell us from which bank account you want your payments deducted.