



**Utility Direct Payment Plan
and
Authorization Form**

Village of Colfax
613 Main Street
PO Box 417
Colfax, WI 54730
715-962-3311
Fax: 715-962-2221
www.villageofcolfaxwi.org

**Now you can pay your utility bill from your checking or savings account automatically.
** No checks to write, no envelopes or stamps to buy. It is free, fast and easy.**

Q. HOW DO I SIGN UP?

A. Complete and return the attached authorization form and include a voided check or a bank issued online payment/direct payment form.

Q. HOW SOON WILL THE AUTOMATIC PAYMENT PLAN START?

A. The deduction should begin with the next quarterly bill. This plan is for **FULL** payment only, not monthly payments.

Q. WHEN WILL THE PAYMENT BE TRANSFERRED FROM MY CHECKING OR SAVING ACCOUNT?

A. It will be transferred on the date indicated on our bill, which will be approximately 18 days after the billing date.
i.e. Billing Date 01/03/2018, payment would be 01/21/2018 approximately.

Q. HOW CAN I BE SURE MY BILL HAS BEEN PAID?

A. Your monthly bank statement will clearly reflect the automatic payment.

Q. WHAT IF I CHANGE BANKS OR ACCOUNTS?

A. You should complete a new Utility Direct Payment Plan Authorization located on our website or you can call and request the form be mailed to you. Then complete and return the new form with a voided check or a bank issued online payment/direct payment form.

Q. WHAT IF I WANT TO CANCEL THE DIRECT PAYMENT AUTHORIZATION?

A. You can cancel your authorization for automatic payment at any time by printing a cancellation form located on our website or by calling and requesting the form be mailed to you.

Q. IF I DON'T SIGN UP RIGHT NOW, WILL I BE ABLE TO ENROLL LATER?

A. Yes. Print the Direct Payment authorization Form from our website or call and request one be mailed to you.

Please enroll me in the Village of Colfax's Utility Direct Payment Plan. I authorize the Village of Colfax to collect payment in full from utility bill by initiating a debit entry (deduction) to the bank account shown. I understand that this authorization will remain in effect until I complete a Village of Colfax cancellation form.

Name: _____ Utility Bill Account #: _____

Telephone #: _____ Service Address: _____

Email: _____

Deduct from: _____ Checking _____ Savings Bank Name: _____

Authorized Signature on Bank Account: _____ Date: _____

Return this form to: Village of Colfax, 613 Main Street, PO Box 417, Colfax, WI 54730. Please include a voided check or a bank issued online payment/direct payment form when you return this authorization.