



Mail signed completed form to: **City of Superior—Utilities**
1316 N 14th St Room 200
Superior, WI 54880



Or by email to: Paymentauthorization@ci.superior.wi.us

AUTOMATIC DEBIT AUTHORIZATION FORM

Customer Information

You may choose to have equal monthly payments applied to your account. Please note that if you choose this option, any unpaid balance is subject to a 1% late fee per month. If you would like a set monthly payment please fill in the box below. If no amount is filled in, the entire invoice will be paid off on the 25th of the month the invoice is generated in.

Customer Acct #	
Full Name	
Address	
City / State / Zip	
Phone	

Set Monthly Payment \$: _____

Bank Account Information

Type of Account: **Checking** **Savings**

Account Number: _____

Please include voided check for automatic checking payments

Routing Number: _____

Credit Card Information

Name as it Appears on Card: _____

Credit Card Number: _____

Expiration (MM/YY): _____ Billing Zip Code: _____ Security Code: _____



Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider receives written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider reasonable opportunity to act (Minimum 30 days).

I understand that the amount owed to the Service Provider may increase or decrease from one billing period to another, and I authorize this plan to continue with the payment amount increased or decreased accordingly until the amount owed the Service Provider is paid off, unless the plan is terminated earlier by me as above. I also understand that the date that my account will be charged shall be determined by the Service Provider, and is subject to change without notice.

Any change to my customer address or bank account will require a new Automatic Debit Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Please note: 2016 rates for transactions are \$.50 for payments from checking or savings up to \$50,000.00. Debit/Credit card fees are \$1.49 for payments from \$.01-\$50.00, \$2.60 for payments from \$50.01-\$100.00, \$3.90 for payments from \$100.01-\$150.00, \$5.20 for payments from \$150.01-\$200.00, 2.99% for payments over \$200.00. Transaction fees are subject to change.

Customer Signature: _____

Date: _____