



**Marathon City – Director of Public Works**

311 Walnut Street PO Box 487  
 Marathon City, WI 54448  
 (715) 443-2221

Submission Date:	
Accepted By:	
Approval Date:	
Approved By:	

## ACH Payment Agreement

APPLICANT INFORMATION	
Applicant Name:	Phone Number:
Email Address:	
Mailing Address:	
ACCOUNT DATA	
Utility Service Address:	Utility Account Number:
Payment Date: <input type="checkbox"/> Quarterly at Bill Generation	
Bank Name:	Bank Routing Number:
Bank Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

APPLICANT ACKNOWLEDGEMENT	
<p>I, the undersigned, authorize the Village of Marathon City debit the above identified account via ACH as defined above. I further agree that any and all fees associated with insufficient funds, returns or transactional administration costs may be collected by the Village of Marathon City. I further acknowledge that if I, as the Customer, fails to make payments as agreed, the entire outstanding utility balance on my account will become due and payable without further notice. Such failure shall also constitute cause for disconnection of service after due notice in accordance with the applicable rules on disconnection of the Public Service Commission of Wisconsin then in force. In the event service is disconnected, it shall be reconnected only upon payment of all past due charges and reconnection fees. I further understand that payment under this agreement are to be made in addition to any regular utility bills.</p>	
Signature:	Date:

PAYMENT AGREEMENT REVIEW (Office Use Only)	
<input type="checkbox"/> Application Completed	<input type="checkbox"/> Customer Signature Obtained