



SEWER DEPARTMENT  
 2445 S. AFTON ROAD  
 BELOIT, WI 53511  
 PHONE: 608-364-2980

**Automatic Payment  
 Enrollment Form  
 for Sewer Utility  
 Payments**

**INSTRUCTIONS:**

- To enroll in Automatic Payment, please fill out the entire form, sign, and attach a voided check.
- If draft is from a checking account, must attach a voided check.
- OR, if draft is from a savings account, must attach a voided deposit slip.
- Mail documents to: **Town of Beloit – Sewer Dept.**  
 2445 S. Afton Rd  
 Beloit, WI 53511
- Please continue to pay your sewer bill as usual until you see the **Auto Pay – Do Not Pay!!** message displayed on your sewer bill.
- The balance due will be deducted from your bank account on the due date.

Print Full Name of Applicant (F/MI/L):

Sewer Service Address:

City/ST/Zip:

Mailing Address, if  
 different from above:

City/ST/Zip:

Phone Number:

Sewer Account # (8 digits):

Depository (Bank Name):

City/State:

Bank Routing # (9 digits):

Customer Bank Account #:

Is this account a  Checking Account or  Savings Account? Check One.

I hereby authorize the Town of Beloit Sewer Department to withdraw the current balance from my bank account named above. Shall accurate funds not be available, I understand I may be charged a fee for insufficient funds. This authorization is to remain in full force and effect until the Town of Beloit has received written notification from me of its termination.

Customer Signature:

Date:

Office Use Only:

Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Notes: \_\_\_\_\_