



TOWN OF BARGERSVILLE

P.O. Box 420 • Bargersville, IN 46106
Phone: 317-422-5115 • FAX: 317-422-1134
www.townofbargersville.org

POWER & LIGHT • WATER WORKS • SANITATION DEPARTMENT • STORM WATER

Automatic Payment Deduction Form

ALL INFORMATION MUST BE COMPLETED

Currently with everyone’s hectic schedules we offer automatic bill pay. You will need a **voided check** from your **checking account** or a **deposit slip** from your **savings account** along with this completed enrollment form. You may mail this form or drop it off at the utility office to get started.

Your bill amount is deducted from your checking or savings account each month. You will receive a billing statement prior to withdrawal so you will know exactly how much is being withdrawn to pay your monthly bill. Continue to pay your bill as you normally do, until you receive notification on your bill that you are on our plan. Once you are set up on the plan your bill will state: **This amount will be deducted from your account.**

If you have any questions please call us at (317) 422-5115 Monday through Friday. Our hours are 7-3:30.

Enrollment Form

Customer Information

Customer Name(s) (as it appears on bill): _____

Service Address: _____

City: _____ State: _____ Zip: _____

Home / Cell Phone: _____

Utility Bill Account Number: _____

Banking Information

Financial Institution Name: _____

Account Number: Savings / Checking _____

Please be sure to enclose a voided check for a checking account or a deposit slip for a savings account that you wish to have debited.

I authorize Bargersville Utilities to instruct my financial institution to pay my total bill from my checking or savings account listed above. I understand that I control my payments, and if at anytime I decide to discontinue this payment service, it is my responsibility to notify the Bargersville Utilities.

Applicant Signature Date Co-Applicant Signature Date

OFFICE USE ONLY

Account Number: _____

Completed by: _____

Date: _____