



# Direct Debit for Utility Payments

## Automatic Payment Plan (APP)

The City of Brookfield offers all water/sewer utility customers an Automatic Payment Plan (APP) service. Your quarterly utility payment can be made automatically from your checking account.

### Enrollment:

- The Automatic Payment Plan allows you to authorize the City of Brookfield regularly scheduled payments to be made from your checking account. Your payments will be automatically deducted on the specified **due date** of the quarterly utility bill.
- Simply complete and sign the following enrollment form, enclose an original voided check, and return it to us at the address listed below.
  - If you would like to change your billing address to the address listed on your voided check, check the corresponding box below.
- You will continue to receive a quarterly bill statement showing the charges to your account.
- Your enrollment in APP may take up to a month to become effective.
- Please continue to pay your bill until the “**Direct Debit – Do Not Pay**” message appears on your bill stub.

### Cancellation:

- This authority you give the City to charge your account will remain active and in effect until you notify us **in writing** to terminate the authorization.
- To cancel an APP withdrawal, you will need to notify the City **in writing** at least 10 business days prior to the due date.

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### City of Brookfield Utility (Water/Sewer) APP Enrollment/Change/Cancellation Form

Check all boxes that apply:

- New Account     Account Change     Cancel Direct Debit

Change billing address to address listed on voided check.

#### Instructions:

1. Include an original check\* with “VOID” written across the front. Please do not use a deposit slip.
2. Sign this form.
3. Return this form with your check and signature to address below:

**Treasurer’s Office  
City of Brookfield  
2000 N. Calhoun Rd  
Brookfield, WI 53005**

#### Utility Account Number

\_\_\_\_\_ - \_\_\_\_\_

(Account number is 13 characters, including the hyphen)

I hereby authorize the City of Brookfield to deduct payments for the quarterly utility bill from my financial institution account. This authority is to remain in full effect until the City of Brookfield has received written notification of change of this financial institution, change of address, or wish to discontinue this payment service; in such time and in such manner as to afford the City of Brookfield reasonable time to effect the change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\*If your check is from a credit union, please ask a representative from that institution to provide the routing and account number.