BARGERSVILLE UTILITIES
P.O. Box 420 Office: 317-422-5115
Bargersville, IN 46106 Fax: 317-422-5117 or -3743
www.townofbargersville.org

APPLICATION FOR PAYMENT PLAN
ALL INFORMATION MUST BE COMPLETED

Pay your bills the easy way. Our plan allows you to pay your utility bill without even leaving your home or mailing a payment to us. Your bill amount is deducted from your checking or savings account each month. You receive a billing statement prior to withdrawal so you will know exactly how much is being withdrawn to pay your monthly bill.

So what are you waiting for? To enroll, fill out the following enrollment form, enclose a voided check or deposit slip from the account which you wish to have the payment deducted from, and return it to the utility office. You may send the form with a voided check for a checking account or a deposit slip for a savings account with your bill payment. Continue paying your bill as you normally do until you receive notification on your bill that you are on the plan.

If you have any questions please call us at 317-422-5115 Monday through Friday, 8:00am to 4:30pm.

Enrollment Form

Customer Information:	Banking information
Customer Name(s) (as it appears on bill)	Financial Institution Name
Service Address	Account Number: Savings/Checking
City	**Please be sure to enclose a voided check for the checking account you wish to have debited.** **Enclose a deposit slip for a savings account.**
State Zip	( ) Telephone
Bargersville Utilities' Account Number	

Authorization Form

I authorize Bargersville Utilities to instruct my bank, savings & loan or credit union to pay my total bill from my checking or savings account listed. I understand that I control my payments, and if at any time I decide to discontinue this payment servi

Signature	Date
Signature	Date

Note: *Information on your Rights and Responsibilities are available online at http://www.townofbargersville.org/Utility_Forms.htm and clicking on the Rights and Responsibilities pamphlet link, and/or upon request.*

OFFICE USE ONLY

Account Number:_____ Deposit Rec. Number:_____
Check Number:_____ Amount:_____ Cash: ❑ Received by:_____
Rights/Responsibilities ❑ Ordinance ❑ ACH Form ❑ Check Valve ❑ Lead Letter ❑ Call Before Dig ❑
Water Info Pamphlet ❑ Date_____ Completed by_____