



817 S. Madison Street  
PO Box 431  
Waupun, WI 53963  
Tel 920.324.7920  
Fax 920.324.7922

### BUSINESS APPLICATION FOR SERVICES

This form is not to be used for New Construction or Upgrade of Services.

Start date for new service: \_\_\_\_\_

Buying \_\_\_\_ Renting \_\_\_\_ **If renting, Landlord section at the bottom must be completed by Landlord in order to process.**

Prior/current service with Waupun Utilities \_\_\_\_ Yes \_\_\_\_ No Prior/current address \_\_\_\_\_

Do you need a final reading \_\_\_\_ Yes \_\_\_\_ No Final Read Date: \_\_\_\_\_  
Please note we need two business days advance notice to schedule a final reading.

Service address: \_\_\_\_\_

Mailing address: (If different from above) \_\_\_\_\_

Business name: \_\_\_\_\_

Federal ID # \_\_\_\_\_ Website \_\_\_\_\_

Primary Contact \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Primary Contact Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Additional Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

*The above information will be used to validate the identity of the person responsible for this utility account and authorized to make inquiries or changes to the account once the account has been established.*

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Must be signed to be valid.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Must be signed to be valid.

#### Landlord Section

Landlord's Name or Apartment Manager: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Signature \_\_\_\_\_ (Must be signed in order to process)

By signing this form, you, the Landlord are verifying that the tenant responsible for the utility account is correct. Per the Wisconsin State Statute 66.0809

The Federal Trade Commission (FTC) requires Municipal Utilities to have in place an "Identity Theft Prevention Program." In accordance with the FTC requirements as well as for your protection, **the utility requires you to submit an application for service along with a photo ID or another acceptable form of proof of identification.** Failure to provide proper proof of identification may be construed as a red flag as set by the FTC and may be reported to the proper authorities.

Waupun Utilities reserves the right to require a signed application for utility service. Customers will be subject to current rates, rules and regulation as approved by the Public Service Commission of Wisconsin. You must notify the utility when you vacate to end services at the address you are vacating. Otherwise, you could be liable for any charges incurred after you have moved. Application for service shall be made in the legal name of the party obligated to pay for service.

All information provided will be confidential. False information can be cause for disconnection per the Public Service Commission of Wisconsin Service rules PSC 113.0301.

#### For office use only:

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_ Validated by: \_\_\_\_\_ Customer Account # \_\_\_\_\_



**AUTHORIZATION FOR DIRECT PAYMENT**

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I authorize **Waupun Utilities** and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify them in writing to cancel if in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 5 days before my account is charged.

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(Name of Financial Institution) \_\_\_\_\_ (Branch) \_\_\_\_\_

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(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

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(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

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(Name - Please Print) \_\_\_\_\_

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(Address - Please Print) \_\_\_\_\_

Utility Account Number \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

Checking or Savings (circle one)      Account Number \_\_\_\_\_  
(Please supply a canceled check if applicable)

If you have any questions or need clarification, please do not hesitate to call our offices at 920-324-7920.

***Waupun Utilities offers this payment option as a convenience to its customers. Funds are withdrawn on the 20th of every month. Funds are withdrawn on the following Monday if the 20th falls on a weekend.***

***Due to increased administrative efforts and expenses, your account will be taken off of this payment plan if funds are not available on the withdrawal date.***