



We Energies Automatic Payment Plan

Complete this form and mail it to:

We Energies
Payment Options, Room A130
P.O. Box 2046
Milwaukee, WI 53201-2046

(Do not send this form with your bill payment.)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ - _____

We Energies Account #:
____ - ____ - ____ - ____ - ____ - ____

(See your bill for 10-digit account number.)

I authorize We Energies to instruct my financial institution to deduct payments from my:

(Choose one)

Checking account *(Enclose a voided blank check.)*

Savings account

Account number: _____

Bank routing number*: _____

*Contact your financial institution for this required information.

I hereby authorize We Energies to initiate monthly debits from my bank account and my bank to accept and post such charges for the payment of utility bills rendered to me by We Energies. I understand that if I change my bank account or decide to withdraw from the program, I must contact We Energies and allow a reasonable amount of time (minimum of 10 days) for We Energies to terminate service. I have the right to stop payment of charge entries up to four business days before my account is charged and have any incorrect charges corrected by notifying We Energies. I also understand that We Energies will keep my banking information confidential.

Signature: _____ Date: ____ / ____ / ____