



Automatic Pay Plan – Business Enrollment Form

1. Please enroll my account in Automatic Pay Plan.
Complete all sections. Please use a separate form for each account.

Company Name (as it appears on your bill) _____

Billing Address _____

City _____

State _____ Zip _____

Contact Person _____

Daytime Phone (_____)
AREA CODE

2. Your We Energies Account Number.

3. I authorize We Energies to instruct my financial institution to deduct my payments from my checking or savings account. If at anytime I decide to change banks or discontinue this payment service, I will notify We Energies.

Authorized Signature _____ Date _____

Print Name _____

Tax ID _____

- 4.** A voided check is enclosed OR
 The correct routing number is provided below for a savings account.

Routing Number* _____

Account Number _____

*Call your financial institution for this information.

Please continue to pay your monthly bill until your bill stub confirms your enrollment.

Send to: We Energies, APP-Rm. A130, P.O. Box 2046, Milwaukee, WI 53201-2046