

# **Application for Automatic Payment of Water/Sewer Bills**

The City of Osborn offers an Automatic Payment Program, so you can now pay your water/sewer bill through your checking or savings account. This service will eliminate the need to mail in the payment and will also help avoid late payments and penalties. Payment will be processed on the 10<sup>th</sup> day of each month.

If you would like to set up service, please complete and sign the below form, also include a voided check or deposit ticket.

Name as it appears on Water/Sewer Bill	Water/Sewer Bill Account Number		
Somio Addross	Name of Financial Institution		
Service Address	Name of Financial Institution		
	Type of Bank Account		
	Checking Account Savings Account		
Mailing Address	Bank Routing Number		
<u>City, State, and Zip</u>	Bank Account Number		
City, State, and Zip	Dank Account Number		
Daytime Phone Number	Name as it appears on Checking or Savings Account		
*PLEASE INCLUDE A VOIDED CHECK OR PHOTOCOPY OF A CHEC	L K FOR CHECKING ACCOUNTS OR A SAVINGS DEPOSIT TICKET FOR		

SAVINGS ACCOUNTS.\*

I authorize the City of Osborn and the financial institution listed on this application to debit my above listed account in the amount described on all forthcoming water/sewer bills on their payment due date. Each payment will be as if it were personally signed and authorized by me. I understand that, as with a check, sufficient funds must be available in my account at the time of transfer. If a draft is returned to the City unpaid, a \$25.00 fee and any applicable late penalties will be applied to my water/sewer account. This automatic payment authority will remain in effect until the City of Osborn has received written notification from me of termination, a minimum 30 days prior to a scheduled utility bill payment due date. The City of Osborn reserves the right to terminate this automatic payment agreement or my participation in the program without written notification. I agree to provide a minimum of 30 days written notice to the City of Osborn of any changes regarding my account, including, but not limited to, intent to terminate the Automatic Payment agreement, change of financial institution and/or change to the account number. This application should be processed for the next billing cycle. However, until my bill indicates the direct debit payment program has been established, I agree to pay my water/sewer bill until such written notice has been received. The City will continue to mail a copy of my bill for my records. All information on this form will be kept confidential.

# I understand and agree to the terms of this letter and application.

Signature: \_

Date:

# CITY OF OSBORN WATER/SEWER BILL PAYMENT OPTION Say YES to Automatic Payment

#### **Initial Payment**

You will know that automatic payments have begun when your monthly bill indicates "AUTO PAID." Please continue to make payments by check until your billing statement indicates AUTO PAID on the remittance coupon.

## **Stop Payments**

As with checks, you are responsible for any charges associated with the stop payment. Please contact the City of Osborn if you have requested a stop payment. Once you issue a stop payment, you still remain responsible for paying the bill on time and are now subject to penalties for late payment.

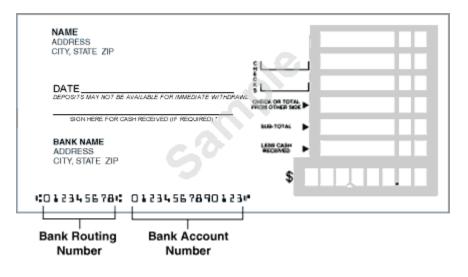
# **Availability of Funds**

You are responsible for having enough money in the account you designated on the payment due date. As with checks returned for non-sufficient funds, there is a \$20.00 returned check charge on all returned automatic payments. Automatic Payment may be canceled by the City of Osborn if <u>two</u> payments are returned within a 12-month period.

# **Payment Date**

The predetermined amount will be transferred from your bank account.

YOUR NAME 1234 Main Street Anywhere, OH 00000 PAY TO THE ORDER OF		DATE _	123 \$
DOLLARS			
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER	



#### **Record of Payment**

Your monthly bank statement will indicate the amount and date of your automatic debit. Retain this statement as a record of payment for future reference. If a question arises regarding your debit, or if the amount differs from your bill, you must notify us and your financial institution within 60 days of the date of the questioned statement. Your financial institution will advise you of rights concerning an error.

# **Termination of Auto Pay**

Automatic Payment will remain in effect unless and until we receive written notice, 30 days prior, from you requesting termination of service. <u>A final billing, resulting in the moving out of your residence, cannot be paid by Automatic Payment.</u>

#### **Banking Changes**

If you change banks, or if you close or change your bank account setup for Automatic Payments with the Village of Norridge, we need to be notified immediately. A new application must be completed authorizing us to make these changes.

#### Questions

Automatic Payment still allows you the opportunity to question the charges on your billing statement. If it is determined that an error has been made on your account, corrections can be made within the first 14 days of issuance for the current billings; resolution after 14 days will be made with the next billing statement. If you have questions concerning your water bill, or questions concerning the Automatic Payment Program, please contact City Hall. 816-675-2239.