## Payment Plan Authorization Form City of Eskridge Utility Billing

monthly utility bill by charging each payment to the account I Authorize the Financial Institution named below to pay my the Financial Institution and the City reserve the right to to the due date on my bill. I understand, however, that both charge by notifying the City Clerk five (5) business days prior writing. In addition, I have the right to stop payment of a same as if it were an instrument personally signed by me. specified by me. I agree that each payment shall be the returned check fee will be charged for all non-sufficient terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by me in

## Please Print or Type

Account Number(s): (as shown on your utility bill)

Name: (As shown on your Utility Bill)
Address:
City:State:Zip:
Telephone Number: ( )
Work Number: ( )
Financial Institution Name:
Financial Institution Address:
☐ Checking (attach a voided check or deposit slip)
□ Savings (attach a deposit slip)
Bank Account Number to be charged:
Signature:  (Must be an authorized signer for the bank account listed above)

## **Enrollment is Easy**

automatically. any time, money, or effort to pay and mai vacation, in the hospital, or just too busy bill payment will be automatically paid payment to begin enjoying the ease of the this brochure and return it with your bill The best part is you will not have to spend from your bank account even if you're on Automatic Bill Payment Plan. Your utility Simply complete the authorization form in Everything is done for you

15th of each month or the 1st business This deduction will take place on the day following if the 15th falls on a weekend or holiday.

If you have questions about the Automatic Bill Payment Plan, call 785-449-2621

### On Complete and Retain for Your Records I authorized City of Eskridge

to deduct from my account the amount of my monthly city bill on due date. (name of financial institution) and

(date)

This plan will be effective when indicated on my bill. This authority will remain in full force and effect until revoked Payment Plan deduction by contacting City of Eskridge at least five (5) business days prior to the payment due date by me, my financial institution, or City of Eskridge. To statement. I have the right to stop an Automatic Bill cancel this Plan, I should call the number on my bill at the number on my bill.

Please return completed application with your bill payment to: City of Eskridge, PO Box 156, Eskridge, KS 66423

#### Eskridge City of

#### Payment Plan **Automatic Bill**



Eskridge, KS 66423 PO Box 156 110 S. Main Street City of Eskridge

Fax: 785-449-7289 Toll Free: 888-449-2621 Phone: 785-449-2621

### Questions?

1. How long will it take after I fill out the enrollment form to begin paying my bill by automatic bank payment?

Enrollment takes one full billing cycle or approximately one month, so remember to keep making monthly payments until you receive the confirmation message on your utility statement. When you receive the first bill which reads "electronic payment – do not pay" you will know you are on automatic bill payment.

2. Why do I need to attach a pre-printed, voided check or deposit slip to the enrollment form?

Attaching a pre-printed, voided check or deposit slip is required to ensure all bank account information is correct. It helps to avoid mistakes which may slow down the process.

## 3. What if I change banks?

If you plan to change banks, please call 785-449-2621 promptly. Then, you simply complete and sign a new enrollment form and attach a voided check from your new account.

# 4. Will I continue to receive a monthly Utility Bill?

Yes. You will continue to receive your bill as usual. You will know the exact date and exact amount of payment before it is deducted from your account. If you have a question about your bill, you can call and get it resolved.

## 5. Who will have control over my account?

You are the only person who has control over your account. When you sign to pay your utility bill by automatic Bill Payment, you are not giving the City of Eskridge control over your account. You are simply authorizing payment to be made each month to the City of Eskridge.

CITY OF ESKRIDGE 110 S. Main Street PO Box 156 Eskridge, KS 66423 785-449-2621 888-449-2621

Tape a Voided Check or Deposit Slip (for a checking account) or a Deposit Slip (for a savings account)