## **City of Columbus**

## WATER/SEWER DEPARTMENT AUTO PAY PROGRAM CUSTOMER AUTHORIZATION FORM

## **Review the following Terms and Conditions:**

- \* I authorize the City of Columbus to electronically deduct from my bank account (1) my monthly water/sewer bill on the 7<sup>th</sup> of the month and (2) my final water/sewer bill promptly upon change in the status of my water/sewer account to inactive.
- \* I understand each month I will receive my bill which will display the amount that will be deducted from my bank account. I understand that Auto Pay Program payments for my account will not start until my bill reflects that the bank draft will occur. In the meantime, I understand that I will need to continue making payments.
- \* I understand my monthly due date may vary slightly. If the due date falls on a weekend or holiday, my payment will be deducted the following business day. I understand that I may discontinue my participation in the Auto Pay Program at any time by notifying the City of Columbus Water Department. (contact information below). I understand that my request to discontinue Auto Pay Program participation must be received at least five days in advance of the due date on my current bill to stop the Auto Pay Program payment on such due date. I understand that a request received less than five business days before the due date will be processed in the next billing cycle following that due date.
- \* I understand that, if at any time my water/sewer account is rendered inactive, my participation in the Auto Pay Program will automatically end.
  - \* I agree to be bound by the Terms and Conditions on this page.
  - \* I will print this page to retain for my own records.

Please complete this form, sign and return it by mail, email, or payment slot at City Hall. Once the Water/Sewer Department receives your information we will begin the process of setting up your plan to begin within 30 (thirty) days and verifying the information you provided.

| Water Account Number:                 |         |                                |
|---------------------------------------|---------|--------------------------------|
| Service Address:                      |         |                                |
| Bank Name:                            |         |                                |
| Bank Account Holder Name:             |         |                                |
| Bank Account Type: Checking           | Savings |                                |
| Bank Routing Number: (9 digit number) |         | *Please include a voided check |
| Bank Account Number:                  |         |                                |
| Bank Account Holder Signature:        | Date:   |                                |
| Joint Account Holder Signature:       | Date:   |                                |
| Phone Number:                         |         |                                |

For any questions about your enrollment, please retain a copy of this form and call or email the City of Columbus Water Department:

Mail form to: Hand Deliver to Email to: Call:

City of Columbus City Hall <u>waterclerk@townofcolumbus.com</u> (406) 322-5313 ext 201

PO Box 549 408 E 1<sup>st</sup> Ave N Columbus, MT 59019 Columbus, MT 59019