City of Columbus

WATER/SEWER DEPARTMENT AUTO PAY PROGRAM CUSTOMER AUTHORIZZATION 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 7th of the month and (2) my final water/sewer bill promptly upon change of status 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 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 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: _____*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	deputyclerk@townofcolumbus.com	(406) 322-5313 ext. 201
PO Box 549	408 E 1st Ave N		
Columbus, MT 59019	Columbus, MT 59019		