

City of Asotin

Phone: 509-243-4411

PO Box 517 121 Cleveland Street

Asotin WA 99402

Fax: 509-243-1223

AUTOMATIC UTILITY PAYMENTS

You now have the convenience of The City of Asotin Utility Billing electronically without writing checks.

EFFICIENT

The City of Asotin will deduct your utility payment on the 20th of each month. If the due date falls on a weekend or holiday, payment will be deducted the following business day.

• CONVENIENT

This can help avoid forgotten payments, assist those who travel periodically, are in the military and want the convenience of automatic payments.

• FREE

The City of Asotin does not charge for this service.

WHAT YOU NEED TO KNOW

- A Utility Billing will be sent in the mail at the end of each month. Please keep it for your records.
- Your financial institution will automatically deduct the amount for your current utility payment from the account you have indicated.
- Your payment will be itemized on your bank statement.
- If funds are unavailable you will be notified and you will need to pay with a cashier's check, money order or
 cash. Additional charges, including a late fee will be applied if this should occur.

LET'S START THE PROCESS

- Complete and SIGN the Authorization Form and return it to City Hall.
- Please include a voided check (not a deposit slip) from your United States checking or savings account from which the funds will be deducted.
- List all account numbers that you want to include in your payment.
- A written confirmation will be sent once the authorization form has been processed.

<u>To discontinue</u> the ACH Auto-Pay Process for any reason including property being sold, our office must be notified in writing by completing: Cancellation Form and return to the City of Asotin 30 days before the next payment due date.

<u>To make changes</u> to your <u>bank account</u> or <u>utility accounts</u> for the ACH Auto-Pay Process please complete: **NEW** authorization form and return to the City of Asotin 30 days before the next payment due date.



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Authorization Agreement for Direct Payments (ACH Auto-Pay)

I (we) hereby authorize the City of Asotin to charge my bank account identified below for payment of the City of Asotin Utilities on the 20th of each month. If the due date falls on a weekend or holiday, payment will be deducted the following business day.

Form must be <u>completely</u> filled out and postmarked by the 1st of each month. A **VOIDED** check must be attached and all account numbers listed below.

<u>PLEASE PRINT CLEARLY</u>			
Utility Account #			
Property Owner(s)			
Property Owner(s) Please list all names associated with the account			
Property Address:		City	Zip
Mailing Address:		City	Zip
Phone # :()	Cell	Phone # :()	
Bank Name:			
Account Type (circle) CHECKING or SAVINGS (must contact bank for correct ABA/Account number)			
Routing/ABA Number	Account Number		
Print Name #1	Date	Print Name #2(if required)	Date
Authorized Signature #1	Date	Authorized Signature #2(i	f required) Date
AUTHORIZATION TO CANCEL AUTO PAY Please SIGN and return to City of Asotin 30 days before next due date.			
Utility Account #			
Routing/ABA Number Account Number			
Authorized Signature #1	Print Name	Date	Mail to: City of Asotin PO Box 517
Authorized Signature #2	Print Name	Date	Asotin WA 99402