



CITY OF CARBONDALE

AUTO DEBIT INFORMATION

### **Initial Enrollment**

Participation in the program is completely free. Please allow 30 days for verification of your personal and confidential information with your financial institution for program to take effect.

### **Bills**

You will continue to receive a bill delivered to your billing address every month. Your bank account will be debited on the due date for that given month. An account that has been enrolled in our program will read "Auto Pay—Do not pay"

### **Overdrafts**

Your bank may charge you a fee if your account is overdrawn. You are responsible for any fee(s) your financial institution may charge your account in relation to an overdraft caused by the automatic deduction for payment of your water/sewer bill. In addition to any fee(s) your financial institution may charge, the City of Carbondale will charge a "Return ACH Fee" of \$15, on debits returned to our office. Continued overdrafts could lead to expulsion from the program.

### **Termination**

Once you are enrolled in the program you will stay in the program for the duration of your water/sewer account. If you wish to terminate your participation in the program you may do so in person or by phone call after verifying your identity. A minimum of 30 days notification is required prior to termination to allow proper closing procedures.

### **Changing bank accounts**

If you need to change your bank account, a minimum of 30 days notification is required. A new contract is required for each bank account. Your existing account will be subject to termination rules and regulations.



CITY OF CARBONDALE

AUTHORIZATION TO PAY WATER AND/OR SEWER BILL

*Please print or type*

Water and Sewer Account Number \_\_\_\_\_

*(As it appears on your bill)*

Your Name \_\_\_\_\_

*(As it appears on your bill)*

Service Address \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

BANKING INFORMATION

Name of Bank \_\_\_\_\_

Bank Location \_\_\_\_\_

*(city)*

*(state)*

Type of Account (Check One): \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Bank Routing Number \_\_\_\_\_

Checking/Savings Account Number \_\_\_\_\_

IMPORTANT

Please return a voided check with this form to

ensure accurate processing.

Thank You

I have read the rules & regulations and agree to all stipulations as requested by the City of Carbondale's Auto Debit Program. I authorize the Financial Institution named above to pay my monthly water bill, including other routine charges if applicable and to deduct each payment from checking/savings account. I agree that each payment shall be the same as a check personally signed by me. I understand this service can take up to 30 days to begin on my account and that payment will NOT be on the same date every month. This authority is to remain in effect until I give a minimum of 30 days notice. I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that either my Financial Institution or the City of Carbondale each reserves the right to terminate this Automatic Bill Payment Service (or my participation therein).

Date \_\_\_\_\_

Signature \_\_\_\_\_