



Town of Christiansburg, Virginia 24073

100 East Main Street ~ Telephone 540-382-9519 ~ Fax 540-382-3762

DIRECT PAYMENT AUTHORIZATION FORM FOR UTILITY PAYMENTS

We are pleased to offer you a new service—the Direct Payment Plan. Now you can have your utility payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time – it helps maintain good credit.
- It saves postage – many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel
- No late charges or fees.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on or about the 25th of each month. You will still receive your monthly billing statement the first week of each month that will show the amount that will be deducted from your account. Proof of payment will appear on your next monthly statement from the Town as well as on your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization **or** your automatic payment is rejected by your financial institution. You will receive a notice if the payment is rejected and auto payments will be discontinued on your account. You will be responsible for making the payment by other means and a fee of \$25 for nonsufficient funds will be assessed to your bill to cover costs incurred by the Town. In addition if payment is not made by the 1st of the month following the bill date other charges will apply.

How to get started:

- Complete the attached authorization form.
 - Be sure to check the box for checking or savings account
 - Fill in your name, billing address and service address(es)
 - Customer number(s) from your last utility bill(s) for each location
 - Attach a voided check (not deposit slip) for verification of all financial institution information. If you are unable to attach a voided check, please have your financial institution complete the bottom of the form.
 - **Sign the form and return to the Town Hall Offices at the address above, Attention Director of Finance/Treasurer.**



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DIRECT PAYMENT AUTHORIZATION FORM FOR UTILITY PAYMENTS

Full Name (as it appears on your bank account) _____
Date of Birth _____ E-Mail _____
Last four digits of Social Security Number _____
Billing Address for water bills: Street _____
City or Town _____ State _____ ZIP _____
Service Location(s) (where service(s) is/are being provided): Street _____
Phone Numbers: Home _____ Work _____ Mobile _____
Account Number(s) (Town utility bill) _____

THIS AUTHORIZATION WILL APPLY TO CURRENT AND FUTURE ACCOUNTS WITH THE TOWN

I hereby authorize the Town of Christiansburg to initiate electronic debit entries to my:

_____ Checking account (or) _____ Savings account

For payment of my utility bill for water and sewer services as well as garbage service, if applicable.

Name of Financial Institution _____
Address of Financial Institution _____
Bank Account number _____
Bank Routing or transit number _____

FINANCIAL INSTITUTION NAME _____

Hereby verifies that the above information regarding customer name, financial institution, routing number, and account number are correct.

Signature of Financial Institution Representative _____ Date _____

ATTACH VOIDED CHECK HERE **OR** have the above information verified by your financial institution and have them sign in the grayed area below.

I hereby authorize the Town of Christiansburg to initiate electronic debit entries to my bank account on an ongoing basis for water, sewer and garbage (if applicable) service at all service location(s) until revoked by me. I understand that should the bank reject this ACH transaction for non-sufficient funds, this authorization shall become null and void and I will be responsible for making appropriate changes and paying my bill by other means. I understand that the bills are due and payable by the 1st of the month following the bill date each month and that the Town will withdraw the funds from my account on or after the 25th of each month. Should your account not be charged please contact the Town's utility billing department as soon as possible to ensure timely payment.

Customer and bank account owner signature _____ Date _____

ACH set up processed by TOC on _____ By _____