



Town of Christiansburg, Virginia 24073

100 East Main Street ~ Telephone 540-382-6128 ~ 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 and 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 15th of the month of January, March, May, July, September and November. You will still receive your monthly billing statement on the or about the first of each of the above months 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 25th of the month 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
 - Customer number from your last utility bill
 - Attach a voided check 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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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 (where service is being provided) Street: _____
 City or Town: _____
 Phone Numbers: Home: _____ Work: _____ Mobile: _____
 Account Number (Town utility bill): _____

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: _____

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

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 _____

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 the above service location 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 25th day of the following months; January, March, May, July, September, and November and that the Town will withdraw the funds from my account on or after the 15th of each of the above months. 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: _____