

The City Of Morristown

Utility Services Automatic Withdrawal and Authorization Agreement

Now you can pay your utility bill from your checking or savings account automatically. (No checks to write, no envelopes or stamps to buy.) It is free, fast and easy.

Q: How do I sign up?

A: Simply complete and return the attached authorization form and include a voided check (for checking accounts) or a deposit slip (for savings accounts).

Q: How soon will the automatic payment plan start?

A: The deduction should begin with the next month's billing calculation. Watch for the words across your bill that says "DO NOT PAY" which indicates the automatic deduction has begun.

Q: When will the payment be transferred from my checking or savings account?

A: It will be transferred on the 20th day of the month.

Q: How can I be sure my bill has been paid?

A: Your monthly bank statement will clearly reflect the automatic payment.

Q: What if I change banks or accounts?

A: Call us at 507-685-2302 and request that a new Utility Direct Payment Authorization Form be mailed to you. Simply complete and return a new authorization form and include a voided check (for checking accounts) or a deposit slip (for savings accounts).

Q: What if I want to cancel the direct payment authorization?

A: You can cancel your authorization for automatic payment at any time. Simply notify us in writing regarding the cancellation.

Q: If I don't sign up right now, will I be able to enroll later?

A: Yes. Either stop in the City Administration or call us at 507-685-2302 and request that a Utility Direct Payment Authorization Form be mailed to you.

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AUTOMATIC WITHDRAWAL AGREEMENT

Please enroll me in the City Of Morristown's Utility Automatic Withdrawal Agreement Plan. I hereby authorize the City of Morristown to collect payment in full of my monthly utility bill by initiating a debit entry (deduction) to the bank account shown. I understand that this authorization will continue in force until it is discontinued with my written request.

Name:	Utility Bill Account #:
Service Address:	

Name of Financial Institution:	Bank Routing #:
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Type of account you want payment to be deducted from: _____ Checking (attach voided check) _____ Savings (attach deposit slip)	Your account #:
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Authorized Signature:	Date:
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Return this form to: City of Morristown • P.O. Box 362 • Morristown MN 55052