TOWN OF PINE BLUFFS
UTILITY BILLING AUTOMATIC PAYMENT PROGRAM

You asked - we listened!

Dear valued customer,

The Town of Pine Bluffs is now providing the option of having your utility payments automatically deducted from either your checking or savings account. This not only saves you money on checks and postage but is assures that your bill will be paid on time. Whether you're at home or away on vacation, you never have to worry about getting your payments in on time, we do it for you. It's easy to sign up and it's ***free***!

How does it work? Simply fill out the form below and return at your earliest convenience. Once loaded into our system, payments will be withdrawn from you checking or savings account on the date you select below. It's that simple! *You will continue to receive your monthly bill.* Feel free to contact the Town Hall at (307)245-3746 if you have any questions or concerns.

AUTOMATIC DRAFT/UTILITY BILL PAYMENT AUTHROIZATION

UTILITY ACCOUNT INFORMATION

Account Holder's Name: _____

Service Address: _____

Utility Account Number: _____

Contact Phone Number: _____

Email Address: _____

I prefer to receive my utility bill by: mail ☐ email ☐

Please deduct my payment on the: 5th ☐ 20th ☐ *(select one)* of the month.

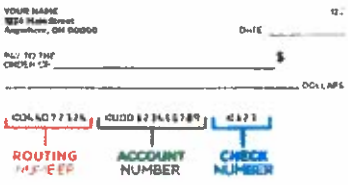
FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

ROUTING Number _____

ACCOUNT Number: _____

Type of Account Checking ☐ Savings ☐



Please provide a voided check for the account listed above

CONSENT AND AUTHORIZATION

I hereby request and authorize the financial institution named to pay my monthly Town of Pine Bluffs Utility Bill by charging each payment to the account specified by me. I agree that each payment shall be the same as if it were a check or withdrawal personally signed and authorized by me. This authority is to remain in effect until revoked by me in writing, and it is my responsibility to prevent rejected or returned payments. I understand that both the Town of Pine Bluffs and the financial institution named reserve the right to terminate the payment plan or my participation therein.

_____ *Signature*

_____ *Date*

FOR OFFICE USE

Entered By: _____

Date: _____

_____ *Printed Name*