



## CITY OF SELAH UTILITY AUTOPAY

With the City of Selah Utility AutoPay program, your utility payment is automatically withdrawn from your designated bank account on the due date each month—ensuring your bill is paid on time, every time. All electronic transactions are processed securely and protected under federal regulations.

To discontinue participation in the AutoPay program, please notify the City of Selah no later than the **10th day of the month** in which you wish to cancel.

If your bank account information changes, please email [jasmine.arellano@selahwa.gov](mailto:jasmine.arellano@selahwa.gov) or visit City Hall to update your information.

To enroll in City of Selah Utility AutoPay, please complete the form below and submit it to City Hall along with a voided check or by email to [jasmine.arellano@selahwa.gov](mailto:jasmine.arellano@selahwa.gov).

If you wish to enroll multiple utility accounts in the AutoPay program, please include a list of those account numbers with your submission.

### **UTILITY AUTOPAY AUTHORIZATION AGREEMENT**

I (we) hereby authorize the City of Selah to automatically withdrawal from my (our) bank account, identified below, the amount due on my (our) monthly utility bill(s) for the utility account(s) listed below. I (we) authorize the financial institution listed below to accept such withdrawals initiated by the City of Selah. **The withdrawals shall be made from my (our) bank account on the 20th day of each month, or the next business day, if the 20th falls on a weekend or holiday.**

Utility Account Number(s): \_\_\_\_\_

Customer Name(s): \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number (9 Digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking     Savings

This authorization is to remain in effect until the City of Selah and the Financial Institution have received notification from me (us) of termination. I (we) understand that such notification must be received by the City of Selah by the 10th day of the month in which I (we) desire to terminate participation. I am (we are) aware of my (our) right to stop payment of a withdrawal by notifying the Financial Institution at any time up to 3 business days before the withdrawal date. If a withdrawal is refused by my (our) Financial Institution due to insufficient funds, my (our) utility account will be assessed a **\$40.00 NSF fee + a \$30.00 late fee**.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_