

No Late Fees!

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CITY OF SELAH

AUTOMATIC PAYMENT PLAN (APP)

This convenient plan will give you peace of mind and save you the cost of buying stamps. When you enroll in the plan you will receive your monthly utility bill, as usual. Instead of writing a check and mailing your payment or driving to City Hall to make your payment, you simply enter the amount of the payment in your checking account register. With the APP, your bank account is automatically debited on the day your payment is due, so you can rest assured that your utility bill is paid on time every month. Electronic transactions are protected by federal regulation. You may cancel the APP by contacting the City of Selah by at least the 15th day of the month in which you desire to discontinue participation.

FREQUENTLY ASKED QUESTIONS:

May I use a savings account? Not at this time.

May I pick a specific withdrawal date? Not at this time.

May I terminate APP at any time? You must contact the City of Selah Utility Billing department by the 15th of the month in which you would desire to terminate APP.

To sign up for the Automatic Payment Plan (APP), please fill out the form below and return to the City of Selah with a voided check. If you have multiple utility accounts you wish to enroll in the APP, please attach a listing of those accounts.

AUTOMATIC PAYMENT PLAN 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: _____

CUSTOMER PHONE NUMBER(S): _____

FINANCIAL INSTITUTION (BANK): _____

ROUTING NUMBER (9 DIGITS): _____

CHECKING ACCOUNT NUMBER: _____

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 15th 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 \$20.00 NSF fee.

SIGNATURE(S)

DATE