



**AUTHORIZATION FOR AUTOMATIC UTILITY BILL* PAYMENT
Via Credit Card Draft**

*Water / Sewer / Refuse Collection payments only

Today's Date _____

Printed Name: _____ (as it appears on your water / sewer / refuse bill)

Service Address: _____
(as it appears on your water / sewer / refuse bill)

Water / Sewer / Refuse Collection Billing Account Number: ____ - ____ - ____
(as shown on your bill)

Daytime Contact Phone Number: _____

New Authorization

Information Change

I authorize the City of Washington and the City's financial institution to deduct the amount of my monthly utility bill from the credit card identified below. I understand my automatic payment will be charged on the due date of each bill. Each payment shall be the same as if it were personally signed and authorized by me. **I understand that if for any reason the credit card is rejected, I will be automatically withdrawn from credit card drafting and payment will be due immediately to avoid any penalty and interest charges and a \$25 administration fee may be applied to your account.** This authority is to remain in effect until the City of Washington has received written notification from me of termination a minimum of thirty days prior to a scheduled due date or credit card is rejected for any reason. The City of Washington reserves the right to terminate this payment plan or participation therein.

I will provide a minimum of thirty days written notice to the City of Washington of any changes regarding the above account, such as changes in credit card company, account number, etc. ****Any changes to the expiration date of a Credit Card that is not updated with the City could result in a payment not being drafted.****

Processing of this application will require 3 weeks. Continue to pay your bill in the usual manner until a message appears next to the total due amount stating "DRAFTED". Your payment will be shown on the statement from your credit company. If you note a discrepancy on your bill, call the City at (636)390-1045.

Name as it Appears on Credit Card _____

Type of Credit Card: _____

Credit Card # _____

Exp Date _____

I understand and agree, as per my selection, to the terms of this letter and application.

Signature Required: _____ Date: _____

(Must be a authorized signer on account listed)

Return this form to:

City of Washington Collections Department
405 Jefferson Street
WashingtonMO63090 (636)390-1045