

As a participant of the Automatic Bill Pay Plan, I agree to and/or understand the following:

- Only customers who are current on their utility account are eligible to sign up and remain on this program.
- It will take 30 days to establish Automatic Bill Pay. Until that time I am responsible to pay the bill directly to the Chillicothe Utilities Dept. When this process is setup, a message "BANK DRAFT MEMO – DO NOT REMIT" will appear on my bill.
- Authorize the Chillicothe Utilities Department to debit my checking or savings account for all monthly charges for utility services. **NOTE: THIS AGREEMENT TERMINATES IF YOUR SERVICE IS TERMINATED. YOUR FINAL BILL WILL NEED TO BE PAID BY CHECK, CASH, OR MONEY ORDER.**
- Ensure that sufficient funds are in my checking or savings account to cover my bill. **Each refused automatic fund transfer will result in a 10% service charge.**
- A return of an Automatic Payment will result in a \$25.00 charge.
- Two refused automatic fund transfers will cancel this agreement.
- Promptly notify the Chillicothe Utilities Department of any changes to my checking or savings account. If a change occurs it is my responsibility to provide the Chillicothe Utilities Department with the current account information.

AUTHORIZATION AGREEMENT FOR AUTOMATIC UTILITY BILL PAYMENT

I (we) authorize the Chillicothe Utilities Department to instruct my financial institution to make my utility payment from the account listed below. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment, credit or debit, to my account. If I decide to discontinue this direct payment, I will notify the Chillicothe Utilities Department 30 days prior to the next billing date.

CUSTOMER INFORMATION

Name(s) _____

Service Address _____ Acct Number _____

Signature _____ Date _____

Signature _____ Date _____

(On a joint account, both parties must sign)

Telephone Number _____

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution _____

Address _____

(Routing/Transit No.)

(Checking or Savings Account No.)

Please enclose a voided check or copy of check

Send **completed** form to: Chillicothe Utilities Department, 35 South Paint Street, Chillicothe OH 45601
