



## Auto-Pay Application Form

CUSTOMER NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS (If different from Svc Address): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ CELL/HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

UTILITY ACCOUNT NUMBER (S) \_\_\_\_\_

A VOIDED CHECK OR LETTER FROM YOUR BANK WITH ROUTING AND ACCOUNT NUMBER MUST BE ATTACHED IN ORDER TO PROCESS THIS APPLICATION
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### AGREEMENT AND DISCLOSURE STATEMENT:

- Record of Payment**  
You will continue to receive a utility bill indicating the amount to be debited from your bank account and the day on which it will come out. On the due date each month, you will have the amount debited from your checking account, to be credited into our city bank-Bank of O'Fallon. Your monthly bank statement will indicate the amount and date of your automatic transfer. Retain this record as proof of payment. If you have a discrepancy, you must notify the City of O'Fallon Utility Billing Department.
- Payment Date:**  
The billed amount will be transferred from your checking account on the due date each month. You are responsible for any fees charged by your bank that is associated with non-sufficient funds. In addition, the City of O'Fallon charges a \$20 fee for returned drafts. Auto-Pay may be cancelled if three payments are returned within a 12-month period. It may also be cancelled if two payments in a row are returned.
- Termination:**  
Auto pay will remain in effect unless the City of O'Fallon receives notification from you. Cancellations and changes in bank account information **MUST BE MADE 10 DAYS PRIOR TO ANY AUTO DRAFT COMING OUT.** If these changes are not made within the 10-day period, your bank account may result in overdrafts and fees associated. The City of O'Fallon will treat this the same as regular non-sufficient funds returned checks with a \$20 fee assessed.
- Account/Address Change**  
Please notify the Utility Billing Department of any account or address changes as soon as possible.

I agree to the terms stated above:
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Application Date: _____
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Authorized Signature: _____
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Please return form to: O'Fallon Utility Billing Department

255 S Lincoln Ave

O'Fallon, IL 62269-2139

For questions, call: (618) 624-4500 Ext. 1