Electronic Debit Program
Enrollment Application & Authorization

Requested information MUST be provided otherwise the application will not be approved
FAX, EMAIL, and PHONE PAYMENTS ARE NOT ACCEPTED

Last Name | First Name | Utility Account #

Service Address * no city, state, zip | Complete Mailing Address * if different

Telephone Number | Fax Number | Email

Social Security # *Mandatory by Bank | Bank Routing | Bank Account

☐ One Time $ _____ ☐ Monthly
Authorized Amount

Customers enrolled in the Monthly program are afforded the 20 day payment period. Accounts are not debited until the last day payment is allowed. Enrolled customers will NOT receive final notices. In the event the transaction is returned due to bad account information, insufficient funds, closed account the customer will be assessed additional bank and processing fees. After two (2) NSF events, the provided information will be destroyed and the customer will be contacted to arrange for alternative payment.

Account Holder Signature | Date form completed

The provided information is not shared with any agency or organization unless for collection of debt arises. When customers are un-enrolled in the monthly program due to repeated violations, the information will be destroyed leaving only the bank notice for exhibits. Customer information is considered confidential and will not be communicated interoffice or with third parties other than for collection purposes.

MANDATORY VOIDED CHECK ATTACHED HERE
(NO STARTER CHECKS ACCEPTED)