



City of Asotin

Phone: 509-243-4411

PO Box 517 121 Cleveland Street

Asotin WA 99402

Fax: 509-243-1223

AUTOMATIC UTILITY PAYMENTS

You now have the convenience of The City of Asotin Utility Billing electronically without writing checks.

- **EFFICIENT**

The City of Asotin will deduct your utility payment on the 20th of each month. If the due date falls on a weekend or holiday, payment will be deducted the following business day.

- **CONVENIENT**

This can help avoid forgotten payments, assist those who travel periodically, are in the military and want the convenience of automatic payments.

- **FREE**

The City of Asotin does not charge for this service.

WHAT YOU NEED TO KNOW

- A Utility Billing will be sent in the mail at the end of each month. Please keep it for your records.
- Your financial institution will automatically deduct the amount for your current utility payment from the account you have indicated.
- Your payment will be itemized on your bank statement.
- If funds are unavailable you will be notified and you will need to pay with a cashier's check, money order or cash. Additional charges, including a late fee will be applied if this should occur.

LET'S START THE PROCESS

- **Complete and SIGN the Authorization Form** and return it to City Hall.
- Please include a voided check (not a deposit slip) from your United States checking or savings account from which the funds will be deducted.
- List all account numbers that you want to include in your payment.
- A written confirmation will be sent once the authorization form has been processed.

To discontinue the ACH Auto-Pay Process for any reason including property being sold, our office must be notified in writing by completing: **Cancellation Form** and return to the City of Asotin **30 days** before the next payment due date.

To make changes to your bank account or utility accounts for the ACH Auto-Pay Process please complete: **NEW** authorization form and return to the City of Asotin **30 days** before the next payment due date.



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Authorization Agreement for Direct Payments (ACH Auto-Pay)
 I (we) hereby authorize the City of Asotin to charge my bank account identified below for payment of the City of Asotin Utilities on the 20th of each month. If the due date falls on a weekend or holiday, payment will be deducted the following business day.

Form must be completely filled out and postmarked by the 1st of each month. A **VOIDED** check must be attached and all account numbers listed below.

PLEASE PRINT CLEARLY

Utility Account # _____

Property Owner(s) _____

Please list all names associated with the account

Property Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Phone # : () _____ Cell Phone # : () _____

Bank Name: _____

Branch Address: _____ City _____ Zip _____

Account Type (circle) CHECKING or SAVINGS (must contact bank for correct ABA/Account number)

Routing/ABA Number

Account Number

--	--	--	--	--	--	--	--	--	--	--

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Print Name #1 _____

Date _____

Print Name #2(if required) _____

Date _____

Authorized Signature #1 _____

Date _____

Authorized Signature #2(if required) _____

Date _____

AUTHORIZATION TO CANCEL AUTO PAY

Please SIGN and return to City of Asotin 30 days before next due date.

Utility Account # _____

Routing/ABA Number

Account Number

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Authorized Signature #1 _____

Print Name _____

Date _____

Authorized Signature #2 _____

Print Name _____

Date _____

Mail to:
 City of Asotin
 PO Box 517
 Asotin WA 99402