



AUTOMATIC PAYMENT OF YOUR WATER/SEWER/STORM DRAIN BILL

The City of Estacada is now offering auto pay for your monthly water/sewer/storm drain bill. When you sign up for auto pay for your City of Estacada utility bill, your payment is made automatically through your bank account. Whether you're traveling or just too busy, auto pay ensures that your bill is always paid on time - one less thing for you to worry about! It's so convenient - **no checks, no stamps, no hassles**. And, it's **FREE!**

Here's how auto pay works:

First return the completed application to our office along with a voided check or deposit slip. You will continue to receive a monthly utility bill from the City of Estacada. On the due date shown on your bill, we will automatically deduct the payment from your account. You'll have plenty of time to review your bill before the due date, so if you have any questions with your bill, we can resolve them before your payment is withdrawn.

When you first apply:

Continue to pay your bills by check until you receive a bill that says "Auto Pay - Do Not Pay." That's how you know direct debit is doing the bill paying for you.

What if you change your mind?

No problem. Simply inform us in writing that you wish to cancel your participation in the Auto Pay program. Please save this flyer as a reference for your records.

For your information:

I applied for Auto Pay on _____(date). I have authorized the City of Estacada to withdraw my monthly utility bill from _____(bank/account#). I understand that I may cancel Auto Pay at any time by providing the City with written notification to that effect. My financial institution or the City of Estacada may also cancel Auto Pay. At that time, the City would resume regular billing.

APPLICATION FOR AUTO PAY

Name _____ Address _____

Telephone # _____ City of Estacada account # _____

I authorize City of Estacada to initiate debit withdrawals, and the financial institution listed below to transfer payment, for and in the amount of my monthly utility bill from:

Checking Account Savings Account (please check only one)

Bank Name _____ Name on Bank Account _____

Authorized Signature _____ Date _____

This authorization shall remain in effect until canceled in writing. Please include a voided check with your application form. Send your completed application form to: City of Estacada, PO Box 958, Estacada, OR 97023.



FOR OFFICE USE ONLY

Checking Savings Account # _____ Routing # _____
Prenote Date _____ 1st Debit Date _____ Emp. Init. _____