

# Automatic Bill Pay makes it easy!

## St. Joseph Water Department Automatic Bill Pay Enrollment Form

The St. Joseph Water Department invites you to select the easy way to pay your water/sewer bill with Automatic Bill Pay. Your participating bank or credit union can pay your water/sewer bill by deducting the bill amount automatically from your checking or savings account. Save on writing checks, stamps, envelopes and avoid potential late fees. Simply fill out the attached form and leave your water/sewer payments to Automatic Bill Pay.

### IS IT SAFE AND SECURE?

Yes, both the St. Joseph Water Department and our financial institution are required to keep your banking information confidential.

### WILL I STILL RECEIVE A BILL?

Yes, you will simply no longer need to write a check to make your payment. The payment will be automatically deducted on the due date as indicated on your bill.

### WHAT IF I DON'T AGREE WITH THE AMOUNT CHARGED?

Contact the Water Department at 983-6324 as you normally would with a billing question. You will need to contact us at least 10 days before the due date to allow time to resolve your concerns.

**ONCE I SEND IN THIS FORM WILL MY NEXT BILL BE PAID AUTOMATICALLY? NOT NECESSARILY.** You will need to allow one billing cycle for your enrollment to be processed. Continue to pay as you normally would until your bill shows that you have been signed up for Automatic Bill Pay.

### WHAT IF I CHANGE BANKS OR ACCOUNTS?

You will need to submit a new enrollment form. Contact the Water Department at 983-6324 and we will send one to you.

### WHAT IF MY PAYMENT IS RETURNED BY THE BANK?

Payments may be returned by a financial institution for insufficient funds, closed accounts or other reasons. If your payment is returned for any reason, you will be charged a non-sufficient fund fee. The Water Department reserves the right to discontinue your participation in the program if your payment is rejected more than once in a six month period. Your financial institution may also charge fees for rejected payments.

### HOW DO I STOP PARTICIPATING IN THE PROGRAM?

Cancellations must be received in writing. Simply call the Water Department at 983-6324 and we will send you a termination form. Your request will become effective 60 days after we receive the completed form.

I authorize the St. Joseph Water Department and my financial institution to automatically deduct my water/sewer payment from the checking or savings account listed below. I understand either party can cancel this agreement, in writing, at any time. I can notify the Water Department, in writing, to terminate this authorization at any time.

Water System Account Number:

Water System Account Name:

Service Address:

Name of Financial Institution:

Bank Account Number:

Account Type

Checking

Savings

### IMPORTANT NOTE:

To ensure proper account information, you **MUST** attach a deposit slip or a check marked VOID. Enrollment cannot be completed without your signature below.

Account Holder Signature:

Printed Name:

Daytime Phone Number:

Date

Return to: St. Joseph Water Department  
700 Broad Street  
St. Joseph MI 49085

**The St. Joseph Water Department  
Automatic Bill Pay  
Enrollment Form**

In response to many requests from customers like you, we are happy to offer a payment option that will automatically pay your water and sewer bill from your checking or savings account. Simply complete the enrollment form on the other side, detach and return to the:

**St. Joseph Water Department  
700 Broad Street  
St. Joseph MI 49085**

**It's just that easy!**

Allow one billing cycle for enrollment to or termination from the Automatic Bill Pay program. The Water Department reserves the right to incorporate Automatic Bill Payment program guidelines into the Water System Rules and Regulations.

**Automatic Bill Pay  
Authorization Agreement**

KEEP THIS PORTION FOR YOUR FILES

On \_\_\_\_\_, I  
Date

authorized the St. Joseph Water Department to initiate entries to my account at the financial institution named on the Automatic Bill Payment enrollment form. I further authorized that financial institution to charge my account for those entries on the bill due date.

I understand that this authorization will remain in effect until terminated in writing by me, by the St. Joseph Water Department, or by my financial institution. I understand the Water Department reserves the right to terminate my participation in the Automatic Bill Pay program if my payment is rejected more than once in a six month period. I will continue to pay my bill in the usual manner until it indicates on my bill that the payment will be deducted automatically. The basic banking information, which I submitted to the Water Department is recorded below.

Bank Name: \_\_\_\_\_

Account Type:

\_\_\_\_ Savings    \_\_\_\_ Checking

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**AUTOMATIC BILL  
PAY FOR YOUR  
WATER BILL**

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**St. Joseph** CITY OF

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**Water Department  
700 Broad Street  
St. Joseph, MI 49085**

Phone: 269-983-6324  
Fax: 269-985-0347