



## WATER/SEWER DEPARTMENT AUTO PAY PROGRAM CUSTOMER AUTHORIZATION FORM

### Review the following Terms and Conditions:

- I authorize the City of Havre to electronically deduct from my bank account (1) my monthly water/sewer bill 10 calendar days after my billing date and (2) my final water/sewer bill promptly upon change in the status of my water/sewer account to inactive.
- I understand each month I will receive my bill which will display the amount that will be deducted from my bank account. **I understand that Auto Pay Program payments for my account will not start until my bill reflects that the bank draft will occur.** In the meantime, I understand that I will need to continue making my payments.
- I understand my monthly due date may vary slightly. If the due date falls on a weekend or a holiday my payment will be deducted the following business day.
- I understand if my payment is dishonored, the City of Havre retains the right to collect the dishonored payment along with service charges if applicable.
- *I understand that I may discontinue my participation in the Auto Pay Program at any time by notifying the City of Havre Water Department (contact information below). I understand that my request to discontinue Auto Pay Program participation must be received at least five business days in advance of the due date of my current bill to stop the Auto Pay Program payment on such due date. I understand that a request received less than five business days before the due date will be processed in the next billing cycle following that due date.*
- I understand that, if at any time my water/sewer account is rendered inactive, my participation in the Auto Pay Program will automatically end.
- I agree to be bound by the Terms and Conditions on this page.
- I will print this page to retain for my own records.

Please complete this form, sign and return it by mail, E-mail or in person. Once the Water/Sewer Department receives your information we will begin the process of setting up your plan and verifying the information you provided.

Water Account Number:			
Service Address, City and State:			
Bank Name:			
Bank Account Holder Name:			
Bank Account Type:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	
Bank Routing Number: (9 digit number)			Please enclose a voided check.
Bank Account Number:			
Enroll in Paperless Billing Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	E-mail: _____
Bank Account Holder Signature:			Date: _____
Joint Account Holder Signature:			Date: _____
Phone Number			

For any questions about your enrollment, please retain a copy of this form and call or e-mail the City of Havre Water Department Customer Service:

#### Mail Form to:

City of Havre  
P.O. Box 231  
Havre, MT 59501

#### Hand Deliver to:

City Hall  
520-4<sup>th</sup> Street  
Havre, MT 59501

#### E-mail to:

[water-bill@ci.havre.mt.us](mailto:water-bill@ci.havre.mt.us)

#### Call:

(406) 265-6719