

**CITY OF CHEWELAH
301 E. CLAY AVE., P.O. BOX 258
CHEWELAH, WA. 99109
(509)935-8311**

AUTOMATIC PAYMENT PLAN (APP)

Paying your utility bill just got a little easier. The City of Chewelah is offering an Automatic Payment Plan (APP) that will not only save you the cost of stamps, but also give you the peace of mind that your monthly bill is paid on time. When you enroll in the plan you will receive your monthly bill as usual. On the thirteenth (13th) of each month the net amount of your bill will be automatically debited from your checking or savings account. Electronic transactions are protected by federal regulation.

To sign up for the Automatic Payment Plan, please fill out the form below and return it to the City of Chewelah **along with a voided check or bank form with account and routing numbers for ACH transactions.** (If you have multiple utility accounts you wish to enroll in the APP, attach a listing of those accounts). **Please continue to make your utility payments as usual until your bill(s) indicates that it is "Paid By EFT" (electronic funds transfer).**

AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

I/we hereby authorize the City of Chewelah to automatically withdraw from the bank account identified below the amount due on my monthly billing statement(s) for the utility account(s) listed below. I authorize the financial institution listed below to accept such withdrawals initiated by the City of Chewelah. **The withdrawals shall be made from my bank account on the thirteenth (13th) day of each month, or the next business day if the thirteenth (13th) falls on a weekend or holiday.**

Utility Account Numbers: _____
Customer Name(s): _____
Service Address(es): _____
Mailing Address: _____
Financial Institution: _____ Branch: _____
Transit/Routing #: _____ (first 9 numbers of the encoded line at bottom left of check)
Account #: _____ () Checking () Savings

This authorization is to remain in effect until the City of Chewelah has received written notification from me of termination. I understand that such notification must be received by the City of Chewelah by the fifth (5th) day of the month in which I desire to terminate participation. If a withdrawal is refused by my financial institution due to insufficient funds, I will be assessed a \$40.00 NSF fee and a \$5.00 late penalty will accrue on the 21st of the month. If an NSF is received two times during a twelve month period, I will automatically be withdrawn from the program.

Signature: _____

Date: _____ Daytime Phone Number: _____