



City of Owosso
Department of Public Services
Water Department
989-725-0520

AUTOMATIC BILL PAYMENT PROGRAM

With Automatic Bill Payment, you can have your water/sewer utility bill automatically paid from any participating bank, savings and loan, or credit union account. Complete the attached form, return it, and start enjoying these benefits:

- No check to write;
- No postage to buy;
- No trip to City Hall to pay your bill; and
- No forgetting! Out of town or sick? Your bill will be paid on time with no penalty for late payment.

All you have to do is make sure there is enough money in your account to cover the bill and remember to record the payment in your records.

You will continue to receive a water/sewer utility bill indicating you have selected the Auto Bill Pay option.

For additional information regarding this service, please do not hesitate to contact us at 989-725-0520 during normal business hours Monday through Friday, 9:00 a.m. to 5:00 p.m., or via email at ronald.tobey@ci.owosso.mi.us.

QUESTIONS AND ANSWERS

HOW LONG DOES IT TAKE TO GET ON THE PLAN? Depending on when you sign up, most accounts will be converted prior to the next bill. You should continue to pay as usual until you are notified on your utility bill.

WHAT IF I HAVE A QUESTION CONCERNING THE AMOUNT OF MY BILL? Contact the Water Department at least ten (10) days prior to the due date of your bill at 989-725-0520.

WHAT IF THERE ISN'T ENOUGH MONEY IN MY ACCOUNT? We will attempt to debit your bank account once. If there are insufficient funds, your payment will be treated similar to a check with insufficient funds. Your payment will be removed and any penalties (for late/non-payment) will be applied to your water/sewer utility account.

WHAT IF I CHANGE BANKS OR ACCOUNTS? A new Automatic Bill Payment Enrollment Form will be required with your signature and new bank or account information. Please allow time for processing when making such a change. Most accounts will be adjusted prior to the next bill, though it will depend on when in the billing cycle you make the change,

CAN I WITHDRAW FROM THE PROGRAM? Yes, simply notify the Water Department in writing (at the address below) when you wish to discontinue this service. Depending upon what time in the billing cycle your written request is received automatic deduction of payments from your account will stop prior to the next bill due date (NOTE: Ten (10) days minimum is required prior to the bill due date for processing).

WHEN WILL PAYMENTS BE DEDUCTED? All payments will be automatically withdrawn from your designated account two (2) business days prior to the bill due date of each month in which your bill is due. If the due date is a Saturday, Sunday or a legal holiday the due date is extended to the following business day! The payment will be for the full amount of each bill.

HOW DO I SIGN UP? Complete the attached enrollment form, enclose a copy of a voided check or savings deposit slip (if available), and return to:

City of Owosso
Water Department
301 West Main Street
Owosso, MI. 48867



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Utility Billing Automatic Bill Payment Program Enrollment Form

Follow These 4 Easy Steps to Set Up Direct Payment of Your Utility Bill

1. Complete the contact information requested below (please print or type):

Name: _____

Service Address: _____

Mailing Address: _____

Daytime Phone: _____ Home Phone: _____

Email Address: _____

Water/Sewer Utility Billing Account Number: _____ (Located on right corner of bill)

(NOTE: If you have multiple accounts you would like enrolled please file a separate form for each account.)

2. Provide your signature for authorization:

I authorize the City of Owosso to deduct my water/sewer utility billing payments from my checking or savings account, listed below. **I understand that I control my payments and if at any time I decide to discontinue this service, I will provide written notification to the City of Owosso at least ten days prior to the bill due date.** I also understand that all information herein will remain confidential.

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Signature: _____ Date: _____

3. Provide the required financial information below:

To ensure the correct account number and ABA/routing number are used for this electronic payment, please contact your financial institution for assistance.

Name of financial institution: _____

ABA/Routing number: _____
(Nine digit number located on the lower left corner of your checks)

Checking Acct #: _____ (please attach a voided check from this account)
OR

Savings Acct #: _____ (please attach savings account deposit slip, if available)

4. Copy this form for your records and return the original with your current payment or mail to:

City of Owosso
Water Department
301 West Main Street
Owosso, MI 48867