



## COMMERCIAL UTILITY BILLING AUTOMATIC PAYMENT PROGRAM

### ~ No transaction fees ~

There are no transaction fees associated with Automatic Payment Program for utility payments.

### ~ Safe and secure ~

The Automatic Payment Program is safe and secure. Your transaction information is protected.

### ~ No more writing checks ~

The Automatic Payment Program authorizes the City to deduct the funds from your checking or savings account. Save time by never having to write another check for your utility bill.

### ~No late payments ~

The Automatic Payment Program will automatically deduct funds from your checking or savings account on the 21<sup>st</sup> day of each month. So you never have to worry about late fees or penalties.

### ~ Save postage costs ~

The Automatic Payment Program eliminates the need for you to send your payment to the City.

### ~ Monthly Statements ~

You will receive a monthly statement showing you the amount to be withdrawn from your account. Utility bills are due the 21<sup>st</sup> day of each month. If the due date falls on a Holiday or weekend it will be deducted from your account on the next business day.

## An easy way to pay. How do I enroll?

It is easy to enroll. Just complete the authorization form below and submit the form along with your voided check or savings deposit slip to:

City of Belle Plaine  
218 N Meridian Street  
PO Box 129  
Belle Plaine, MN 56011

For questions contact:  
Mark with Utility Billing 952-873-4644 / email [bputilities@ci.belleplaine.mn.us](mailto:bputilities@ci.belleplaine.mn.us)  
City Hall 952-873-5553  
[www.belleplainemn.com](http://www.belleplainemn.com)

## Commercial Automatic Payment Program Authorization Form

Please enroll me in the City of Belle Plaine's Utility Billing Automatic Payment Program. I authorize the City to collect payment on my Utility bill on the 21<sup>st</sup> day of each month by initiating recurring debit entries (deductions) to the bank account shown on the attached voided check or savings deposit slip.

I understand I may revoke this authorization at any time by submitting a 30 day written notice to the City.

I understand if my checking or savings account are declined I will be responsible for any late fees that occur.

Name \_\_\_\_\_

Service Address \_\_\_\_\_

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_checking (attach voided check) \_\_\_savings (attach deposit slip)

Your Signature \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_