



RESIDENTIAL 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 21st 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You will receive a monthly statement showing you the amount to be withdrawn from your account.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 21st 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 butilities@ci.belleplaine.mn.us
City Hall 952-873-5553
www.belleplainemn.com

Residential 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 21st 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 _____