



## RESIDENTIAL UTILITY BILLING AUTOMATIC PAYMENT PROGRAM

- This service is FREE
- Saves time and money
- Automatic during times of absence
- Avoids late payments
- Safe and secure
- Save postage costs

### Monthly Statements

You will receive a monthly statement showing the amount to be withdrawn from your account.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.

Just complete the authorization form below. Return this form by the 10<sup>th</sup> of the month. 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:  
Utility Billing @ 952-873-4644  
butilities@ci.belleplaine.mn.us  
City Hall @ 952-873-5553

## Residential Automatic Payment Program Authorization Form

I hereby authorize the City of Belle Plaine to make debit entries from my bank account for the payment of my monthly City utility bill. I understand that this authority will remain effective until the City of Belle Plaine receives a 30 day written notice of termination from me or my authorized agent. I understand if my checking or savings account are declined. I will be responsible for any late fees that occur. The City of Belle Plaine reserves the right to terminate this program or my participation in it.

The City of Belle Plaine will treat this information as General Nonpublic Data under MN Statute 13.37 Subd.1 (a) A Security information. This means the City will not voluntarily release this information to outside parties or entities. However, pursuant to MN Stat, 13.04 Subd. 2,

You are hereby advised:

- That this information is intended to be used by the City to debit your account to pay utility bills.
- You are not required to provide this information and may simply continue to pay your bills as in the past.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
City of Belle Plaine Utility Billing Account Number

\_\_\_ checking (attach voided check) \_\_\_ savings (attach deposit slip)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature Date