

City of Angola Utilities

210 N. Public Sq., Angola, IN 46703-1960
260-665-3422

Now you can pay your monthly Utilities bill by using *Auto Debit!*

How *Auto Debit* Works:

- Sign up by returning the Authorization Application for *Auto Debit* at the bottom of this sheet.
- The first month of *Auto Debit* will be a test month. You will need to pay the bill one more time.
- You will receive notification of the payment amount at least ten (10) days before the withdrawal date.
- On the payment date, your payment will be withdrawn from your specified account. The date when the auto debit will be withdrawn from your account will appear in the small box directly below the message box on your utility bill.
- Your payment is made automatically. *NO* hassles and *NO* late fees.

We hope this new method will assist you in making your payments. However, the existing payment office and drop box located at City Hall will continue to be available for your convenience. To sign up for *Auto Debit*, please complete the authorization application below. Return the authorization application to City of Angola Utilities, 210 N. Public Sq., Angola, Indiana, 46703-1960.

PROVISIONS FOR CITY OF ANGOLA UTILITIES ELECTRONIC BILL PAYMENT

Payment Notice and Billing Questions

Your City of Angola Utilities bill will be mailed to you as usual. From that day, you will have adequate time to plan for your automatic payment or contact us if there is any question about your bill.

Record of Payment

The amount and date of your automatic payment will be shown on your regular bank statement. This is your proof of payment. If there is a question about a payment, you must notify us and your financial institution within 60 days of the date of the bank statement on which the error occurred.

Availability of Funds

You are responsible for having enough money in the indicated account on the payment date. You will be charged a fee should your payment be returned due to insufficient funds. In addition, your *Auto Debit* service may be cancelled if two payments are returned in a 12-month period.

Termination

This authorization will remain in effect until we receive written notice from you 30 days before the cancellation date or until your utility service has been terminated.

Account/Address Change

You are required to notify us of any account or address changes to ensure timely payments. You are responsible for submitting a new application when an account or address change occurs.

AUTHORIZATION APPLICATION FOR *AUTO DEBIT*

City of Angola Utilities Account # _____

I authorize City of Angola Utilities and the financial institution listed below to transfer (debit) money from the indicated account for payment of my City of Angola Utilities bill. I will continue to pay my bill until I am notified on my bill that *Auto Debit* has started.

CUSTOMER NAME (as on bill) _____

SERVICE ADDRESS _____

MAILING ADDRESS _____ PHONE NO. _____

FINANCIAL INSTITUTION NAME _____

TRANSMIT/ABA# _____ ACCOUNT # _____

ACCOUNT TYPE _____ DATE _____ SIGNATURE _____