



CITY OF
PICKERINGTON

GO PAPERLESS!!!

Interested in having your utility bill sent to you by e-mail?

We will need your name, e-mail address, & account number. It's that simple. Please fill out form and return to the Utility Billing Office.

NAME _____ ACCOUNT# _____

E-MAIL ADDRESS _____

Please enter noreply@cityofpickerington.net as an approved contact to avoid having your bill sent to your junk mail box. This is an out-going address only, please do not reply. To contact the office call 614-833-2289.

NO PAPER BILL WILL BE SENT IF YOU SIGN UP FOR E-MAIL BILLING

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CITY OF
PICKERINGTON

Direct Payment Authorization Form

We are pleased to continue to offer the Direct Payment Plan for our customers. This **free** service allows you to have your utility payment deducted automatically from your checking or savings account each month. You won't have to change your present banking relationship to take advantage of this service.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the specified due date (15th of the Month). Proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The file goes to the bank 3-5 business days before the 15th, no changes can be made after the file is sent. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us with a voided check.

NOTE: If you have not already registered for this service, and would like to, be sure to complete and sign the form. Your Direct Payment is active when the remittance portion of your utility bill states "Direct Payment – Do not Pay".

Please complete the information below.

I authorize **The City of Pickerington** to initiate electronic debit entries to my:

_____ Checking account (or) _____ Savings account

for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

DATE _____

UTILITY ACCOUNT # _____

NAME _____

SERVICE ADDRESS _____

FINANCIAL INSTITUTION NAME _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

SIGNATURE (Must Sign and Return) _____