

UTILIT-EA\$E ENROLLMENT

IT'S HERE

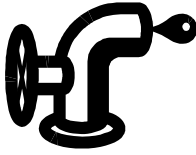
The City of Sheridan has established an Automatic Payment Program for Utility Bill payments. With **Utilit-Ea\$e** you will no longer have to write checks, wait in line and you will save on postage.

How Utilit-Ea\$e Works

You will receive your Utility bill on the same schedule that you have been receiving it in the past. On the fifteenth day of the month of your billing cycle, your financial institution will deduct the amount due from your checking or savings account and transfer the funds to the City of Sheridan.

All you need to remember is to record the amount in your account register. Within a billing cycle you will receive your billing statement from us with DRAFT in the amount to pay field - this message lets you know that **Utilit-Ea\$e** is in effect.

To enroll in **Utilit-Ea\$e**, complete the attached authorization form, provide a **voided check** from your checking or savings account and send it to the City of Sheridan, Collections Department, PO Box 848, Sheridan, WY 82801 or drop it off at City Hall during business hours. If you have questions, call (307)674-6483, and ask for the Collections Department.



OFFICE USE ONLY

Current Billing Cycle _____ DRAFT Billing Cycle _____

DRAFT Voided Check Account Information Entered

Date Entered ____/____/20____ Initials _____

Utility Billing Statement

NAME(s): _____

Utility Account Number: _____

Service Address: _____

City: _____ State: _____ ZIP: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Contact Phone Number: _____

Financial Institution

Bank Name: _____

Address: _____

Routing #: _____ Account #: _____

Checking Savings

I understand and agree to the following:

- ✓ A written request must be submitted thirty (30) days in advance to cancel **Utilit-Ea\$e**.
- ✓ The City of Sheridan reserves the right to cancel my use of **Utilit-Ea\$e**.
- ✓ The City of Sheridan is not responsible for NSF charges charged by your bank if funds are not available.
- ✓ In addition, the City will charge a \$30.00 NSF fee if funds are not available to pay the Utilities Bill when it is presented.
- ✓ **FINAL BILLS DO NOT QUALIFY FOR THE AUTOMATIC PAYMENT PROGRAM.**

I hereby authorize the City of Sheridan to withdraw my monthly utility fee from my account.

Signature of Deposit Account Holder (s)

Signature _____

Date _____

AUTHORIZATION