



AUTOMATIC BILL PAYMENT

- Ensures prompt payment
- Saves time and money
- Automatic during times of absence
- Avoids late fees
- Eliminates postage costs
- This service is absolutely FREE!

To initiate Automatic Bill Payment service, complete this form, attach a voided check and include with your payment or mail to:

**City of Savage
6000 McColl Drive
Savage, MN 55378**

You will receive your city utility bill at the beginning of each month and your payment will be automatically withdrawn from your designated bank account on the due date (20th of each month) or the next business day.

Return this form by the 10th of the month to begin the automatic payment service for the following month.

If you have questions about the automatic bill payment service, call the Utility Billing Department at 952-882-2681

AUTHORIZATION STATEMENT FOR AUTOMATIC BILL PAYMENT

I hereby authorize the City of Savage to make debit entries from my bank account for the payment of my monthly City utility bill. I understand that this authority will remain fully effective until the City of Savage receives written notification of its termination from me or my authorized agent, and is provided a reasonable opportunity to act upon this notice. I have the right to stop payment within seven (7) days of my billing due date but I must notify the City of Savage Utility Billing Department of this stop payment request. I also understand that the City of Savage reserves the right to terminate this payment plan or my participation in it. A \$37.00 fee will apply for items returned for non-payment.

The City of Savage 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:

- (a) That this information is intended to be used by the City to debit your account to pay utility bills;
- (b) You are not required to provide this information and may simply continue to pay your bills as in the past;
- (c) By releasing this information you should be aware that if the information is found to be public data the City may be required to release the information to another party;
- (d) To the best of the City's knowledge, only the City and its appropriate employees are authorized to receive this data.

Signature

City of Savage Utility Billing Account Number

Name (Please Print)

Daytime Phone Number

Name of Banking Institution

Checking Account

Savings Account

Please Attach a Voided Check