

**CITY OF REHOBOTH BEACH UTILITY BILLING
PO BOX 1163
REHOBOTH BEACH, DE 19971
PHONE: 302-227-6181 FAX: 302-227-4643**

DIRECT PAYMENT OF CITY OF REHOBOTH BEACH UTILITY BILLS

The City of Rehoboth Beach is now accepting direct payments from your bank for your utility (water/sewer and/or trash) bills with no cost to you. If you would like to participate, please read and complete the Authorization Form below. This form authorizes your bank to transfer funds to pay your utility bills. Please contact your Bank/Financial Institution for the routing number and return it to City Hall. Forms can be mailed to the above address or can be dropped off during business hours at City Hall, 229 Rehoboth Avenue, or in the City drop box.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

NEW ENROLLMENT

BANK ACCOUNT CHANGE

I (we) hereby authorize the City of Rehoboth Beach, hereinafter called THE CITY, to initiate debit entries (deductions) from my (our) account indicated at the financial institution named below for payment of my (our) utility bills as indicated. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) understand that this authorization will continue in force unless discontinued by my (our) written request in such time and manner as to afford THE CITY and the financial institution a reasonable time to act on it.

Financial Institution Name & Address _____
Phone Number

Print account holder name as it appears on bank statement Type of account (check one): checking savings

Bank Account Number _____
9 Digit Routing Number

<u>CUSTOMER INFORMATION AS IT APPEARS ON YOUR BILL:</u>			<u>PLEASE SELECT:</u>	
<u>CUSTOMER NAME</u>	<u>SERVICE ADDRESS</u>	<u>ACCOUNT #</u>	<u>WATER/SEWER</u>	<u>TRASH</u>
_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	<input type="radio"/>	<input type="radio"/>
_____	_____	_____	<input type="radio"/>	<input type="radio"/>

(USE REVERSE SIDE FOR ADDITIONAL ACCOUNTS)

Signature of Bank Account Holder _____
Print Name _____
Date

Signature of Bank Account Holder (if joint bank account) _____
Print Name _____
Date

Daytime Phone Number

*******REQUIRED: PLEASE CONTACT YOUR BANK/FINANCIAL INSTITUTION AND REQUEST THE ROUTING NUMBER. WE HAVE BEEN ADVISED THAT THE ROUTING NUMBER ON THE CHECK/DEPOSIT SLIPS ARE NOT ALWAYS CORRECT. PLEASE ATTACH A LETTER FROM THE BANK WITH THE ROUTING NUMBER. THANK YOU AND WE APOLOGIZE FOR ANY INCONVENIENCE.**

- Your bill will automatically be deducted from your bank account before the due date.
- Please allow 4 to 6 weeks for your automatic bill payment to become effective. Continue to pay your bill as usual until the following message appears on your bill: AUTO DRAFT – DO NOT PAY
- If there are insufficient funds in your bank account on the payment date, a \$30.00 return fee will be charged and you will be required to pay the return fee and the bill in CASH; the auto bill pay option may be discontinued at the discretion of THE CITY.

Office use only:
City clerk initial _____
Date entered: _____