

Account Number:

Service Address:

Date: __/__/____

_____, _____



Grand Forks Utility Billing
255 North Fourth Street
P O Box 5518
Grand Forks ND 58206

www.grandforksgov.com

Utility Billing Office Hours 8:00 AM to 5:00 PM
Monday through Friday

Moving, Payments, Account Status (701) 746-2670
Water or Waste Water Questions (701) 746-2670
Refuse, Container, Landfill Questions (701) 738-8740
After Hours Emergency Service (701) 746-2595

I, _____, authorize the City of Grand Forks and my financial institution to initiate monthly entries to my account to automatically pay my City of Grand Forks utility bill. I have read and understand the rules and regulations listed here:

1. Payments will be deducted from my account on the 20th of each month. If the 20th is a holiday or weekend, the payments will be deducted on the next business day.
2. If my account does not have the necessary funds on the 20th, I will be charged a \$40.00 fee by the City of Grand Forks in addition to any fee charged by the bank.
3. This authority will remain in effect until I notify the City of Grand Forks Utility Billing Office in writing to terminate automatic payment.
4. I will still receive a monthly statement.
5. You will need to unenroll any current online auto-payments (if applicable) prior to this bank drafting request being processed. If you cancel the auto payment prior to the 20th, you will need to make a manual payment. You will be responsible for any penalty fees for a late payment.
6. If this form, along with a voided check, is received in our office prior to the day before the 20th of the month, the first withdrawal from your bank account will take place the following month. At that time the words "YOUR ACCOUNT IS SIGNED UP FOR AUTOMATIC WITHDRAWAL. DO NOT SEND A PAYMENT" will appear on your monthly statement.

SIGNATURE: _____ DATE: _____

A VOIDED CHECK FOR THE CHECKING ACCOUNT FROM WHICH THE AUTOMATIC PAYMENT IS TO BE WITHDRAWN IS REQUIRED BEFORE THIS SERVICE MAY BE SET UP.