

CITY OF GENEVA

~~EXPRESS UTILITY PAYMENT PLAN ENROLLMENT FORM~~

- STOP MAILING A CHECK IN PAYMENT OF YOUR MONTHLY BILL!
- THERE IS NO EXTRA CHARGE TO PARTICIPATE IN THIS PROGRAM
- THE PAYMENT PLAN WILL START WITHIN 60 DAYS OF APPLICATION
- YOU WILL STILL RECEIVE A MONTHLY UTILITY BILL
- THE AMOUNT BILLED WILL AUTOMATICALLY BE DEDUCTED FROM YOUR ACCOUNT ON THE DUE DATE
- ACCOUNTS WITHOUT ADEQUATE AMOUNTS TO COVER THE BILL WILL BE SUBJECT TO NSF AND LATE CHARGES AS APPLICABLE, AND MAY BE TERMINATED FROM THE PROGRAM

Date: _____

Name: _____ Utility Acct. # _____

Service Address: _____

Home Phone # _____ Bank Phone # _____

Name of Bank or Financial Institution _____

Bank Routing # _____ Bank Acct. # _____

AUTHORIZATION: I hereby authorize City of Geneva Utility Billing to initiate utility bill payments from my Checking Account as they are due. I understand that I am in full control of this payment plan and may discontinue enrollment at any time with written notice to the City of Geneva.

Signature (as it is listed on your Acct.) _____

____ **I have enclosed the required voided check**

~~ OFFICE USE ONLY ~~

DATE ENTERED: _____ BY: _____

DATE CLOSED: _____ BY: _____

REASON: _____