
IN RESPONSE TO MANY REQUESTS

THE CITY OF MASSILLON SEWER & WASTE DEPARTMENT

IS NOW ABLE TO OFFER OUR CUSTOMERS THE OPTION OF AN

AUTOMATIC PAYMENT PLAN

With the AUTOMATIC PAYMENT PLAN the amount **billed** for sewer and/or garbage collection can be deducted directly from your checking or savings account, as it becomes due. If you are a garbage customer, your **window** card will be mailed to you.

- ◆ NO charge for this program
- ◆ NO stamps to buy
- ◆ NO checks to write
- ◆ NO special trips to pay your bill

HOW and WHEN can I get started?

To participate in this program, just complete and sign the enclosed "Authorization Form", return it to our office, along with a voided check, and we will make the arrangements with your bank.

Upon our receipt of your "Authorization Form" the AUTOMATIC PAYMENT PLAN will start within 30-90 days, depending on when you sign up and where we are in the billing quarter. Each billing quarter you will receive a reminder bill showing the amount due and when it will be withdrawn from your account. If you would have a question or concern with your reminder bill, call our **office** as **soon** as possible, and it will be addressed before any money is taken from your account.

AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

I hereby authorize the **CITY OF MASSILLON – Sewer & Waste Department** to initiate payments for City sewer and/or garbage collection from my:

 Checking Account **OR** **Savings Account**

as they are due.

I understand that I am in full control of AUTOMATIC PAYMENT PLAN payments. I also understand that charges for special pick-ups or additional services will change the balance due to my account, and I authorize the CITY OF MASSILLON Sewer & Waste Department to collect the total due each billing quarter. This authority will remain in effect until I notify the City, **in writing**, to discontinue my enrollment in the AUTOMATIC PAYMENT PLAN. I further understand, if, for any reason, an automatic transaction does not clear the bank (i.e. insufficient funds, closed account, etc.), then, I will be assessed a **\$40.00** NSF fee as per City Ordinance.

Name _____

Service Address(es) _____

Mailing address _____
(if different from service address)

Telephone _____

Bank or Financial Institution _____

Bank Account# _____
(indicate "checking" or "savings")

Sewer/Garbage Account#(s) _____

Please sign your name as it is listed on your account.

_____ signature _____ date

_____ signature _____ date

 I have enclosed the required voided check.

RETURN THIS FORM TO:

**CITY OF MASSILLON
SEWER & WASTE DEPT.
ONE JAMES DUNCAN PLAZA
MASSILLON, OHIO 44646**