

**WELCOME TO THE CITY OF FAIRBORN'S AUTOMATED PAYMENT PLAN
UTILITY BILLING DEPARTMENT**

Below is the request form for the automated payment of your utility bill. Please complete the form below and return it with a voided check to: City of Fairborn, 44 W Hebble Ave, Fairborn OH 45324. This agreement can be terminated by you in writing or by stopping in at the Utility Billing office in the Fairborn Government Center.

You will still receive a bill each month so that you will know how much will be deducted from your account. Your bill may vary from month-to-month depending upon your water usage. It will be important for you to monitor your bills and satisfy any questions you have before we deduct the payment from your checking account. Payments will be initiated by us two days before the due date of your bill to allow for processing. This will allow you ample time to resolve any questions concerning your bill.

We hope this explains this service to you and that you will enjoy the convenience of the City of Fairborn's Automated Payment system. If you should have any questions, please feel free to call the billing office at (937) 754-3007.

AUTOMATED PAYMENT PLAN REQUEST FORM

NAME _____
(As it appears on your utility bill)

ACCOUNT NUMBER _____
(As it appears on your utility bill)

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

BANK _____

CHECKING ACCOUNT NUMBER _____
(Staple a Voided Check Below)

My signature below authorizes the City of Fairborn to initiate withdrawals from my checking account for payment of City of Fairborn utility bills. This authority is to remain in full force and effect until the City of Fairborn has received notification from me and its termination in such time and manner as to afford the City of Fairborn and my financial institution a reasonable opportunity to act upon it. Should any payment not be honored by my financial institution when it is received by them, it is understood that the payment is to be made by me in the amount of said payment plus a service charge. It is also understood by me that if payment from my bank is not honored, the City of Fairborn reserves the right to notify me of non-payment and possible termination of this agreement.

I indicate, by the following signature, that I have read and fully understand all conditions and terms of this Automated Payment Plan request.

Staple a
Voided
Check
Here

(Signature)

(Date)

(Daytime Phone)

(Home Phone)