



Dear Utility Customer:

The City of Burlington is pleased to offer an Automatic Payment Plan option for the payment of your sewer bill. This is an exciting option for those who enjoy the convenience of AUTOPAY.

Using the plan is simple! Just fill out and sign the Authorization Agreement for Direct Payment, attach a voided check or a savings withdrawal slip for the account from which you wish the payment be withdrawn, and return the white copy to City Hall. *It is important to send either a VOIDED CHECK or SAVINGS WITHDRAWAL SLIP.* Other bank forms may not contain the necessary bank encoding information.

Even though your bill will be paid automatically, you will still receive a utility bill from us. It will detail your service information and how much is owed. Funds will be withdrawn **between the 15<sup>th</sup> and 20<sup>th</sup>** of the month prior to the Date Delinquent as indicated on each utility bill. There is no charge for this service. If for some reason you want to cancel the Agreement, simply notify us in writing thirty (30) days before the withdrawal date. If you want to change the account you use or if you change banks, please notify us as soon as possible and we will send you a new Authorization Agreement to complete. If you think an error has occurred on your bill, please contact us immediately to determine if an adjustment should be made.

If you have any questions, please call us at (360) 755-0531. Office hours are 8:00 a.m. to 5:00 p.m. Monday through Friday (except Holidays). Or you may email us at [kkallio@ci.burlington.wa.us](mailto:kkallio@ci.burlington.wa.us).

Thank you,

City of Burlington  
Utility Billing Department



AUTHORIZATION AGREEMENT  
For DIRECT PAYMENT

Customer Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Service Address \_\_\_\_\_ Phone \_\_\_\_\_

I hereby authorize the City of Burlington to automatically withdraw funds from my account and the Financial Institution (named below) to pay my utility bills directly to the City of Burlington. I require no additional notices prior to action being taken on this authorization. In the event of an incorrect amount of entry, I authorize the city of Burlington to reverse this transaction. The withdrawal shall be made from my account **between the 15<sup>th</sup> and the 20<sup>th</sup>** of the month prior to the **Delinquent Date** as indicated on each utility bill.

This authorization is to remain in effect until the City of Burlington has received written notification of termination or change from me (or either of us) thirty (30) days before the withdrawal date. I understand that if the account indicated below does not have sufficient funds, an NSF fee in the amount of \$30 will be charged to my utility account, late penalties may incur and the City reserves the right to discontinue your direct debit.

Financial Institution Name \_\_\_\_\_

Branch \_\_\_\_\_

Type of Account      Checking       Savings

Transit Routing/  
ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

Print Name (s) \_\_\_\_\_

Signature (s) \_\_\_\_\_

Please attach VOIDED CHECK or  
SAVINGS WITHDRAWAL SLIP here.

Return to City Hall with Original Signature;  
make a copy for your records.