

TOWN OF EAST BLOOMFIELD

P.O. Box 85, 99 Main Street
East Bloomfield, NY 14443
(585) 657-7700

YES

I would like to participate in the Town of East Bloomfield’s free **Direct Debit Payment Program** and make my water/sewer payments automatically.

I authorize the Town of East Bloomfield to initiate entries to my checking/savings account to automatically pay my water/sewer bill each quarter. This authority will remain in effect until I notify the Town of East Bloomfield in writing to cancel automatic payment of my water/sewer bill. Notification to the Town shall be made in such time as to afford the Town of East Bloomfield a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 5 days before my account is charged.

Please debit my account for my water/sewer payment quarterly on the 15th day of the following months: January, April, July and October. Such debit amount shall fluctuate each quarter and be based on my quarterly usage defined in the bill.

The account to be debited is a: Checking account * OR Savings account *

***Please attach to this form a voided check for a checking account OR a savings deposit ticket for a savings account.**

Name (print): _____

Service Address: _____

Water/Sewer Account No.: _____

Home Phone No.: _____

Work Phone No.: _____

Signature: _____ Date: _____

MAINTAIN THIS PORTION FOR YOUR RECORDS.

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Town of East Bloomfield

Water/Sewer Direct Debit Payment Program

The Town of East Bloomfield is granted authorization to debit my designated bank account for the amount of my water/sewer payment each quarter beginning with the next billing cycle and every quarter thereafter until participation is cancelled. Such debit amount shall fluctuate each quarter and is based on the quarterly usage defined in the bill. I understand the Town of East Bloomfield reserves the right to terminate this payment plan and/or my participation in it. I understand that the Direct Debit Payment Program is an alternative method of payment only and does not otherwise affect the respective rights of the Town of East Bloomfield, the contracted service providers or my financial institution with respect to each other or myself.

The Town of East Bloomfield must be notified at least five (5) business days prior to the scheduled debit of any changes that will affect the debit of my account. Changes that need to be reported are: 1) changes in account title 2) new account number 3) change in account type 4) change in bank 5) any holds, liens or account closings.

To discontinue participation in the Direct Debit Payment Program, you must do so in writing directed to the Town of East Bloomfield. To make inquiries regarding this program, contact the Town of East Bloomfield at (585) 657-7701.

ANY DEBIT THAT IS RETURNED AS A RESULT OF INSUFFICIENT FUNDS OR ACH BLOCKS WILL BE ASSESSED A \$20.00 FEE.