



Town of Strasburg

174 E. King Street, P.O. Box 351
Strasburg, Virginia 22657
(540) 465-9197
Fax (540) 465-3252

Dear Customer:

Thank you for inquiring about The Automatic Payment Plan. The Automatic Payment Plan utilizes a modern banking system which is designed to make your utility bill payment and record keeping easier and more efficient. It is an optional and convenient way to pay your bill. Here are some of the advantages:

- Eliminates check writing and postage
- Reduces paperwork
- Saves time
- Minimizes the chance for a lost or late payment

Your payment will be made automatically on the **20th** of each month; if the 20th falls on a weekend or holiday, your payment will be made the next business day.

Here's How It Works:

You will continue to receive your regular utility bill on the first of each month, allowing you to keep track of your water usage as usual, but you don't have to send a check - the amount of the bill is automatically withdrawn from your checking account on the due date. You simply write an entry to deduct the amount of the bill from the balance in your checkbook.

Once we have received the necessary form, your bank will do a test run on your account showing payment made to "Town of Strasburg" for the amount of \$0.00. Therefore, you will need to pay that month's utility bill as usual, and then the following month your automatic payment plan will start.

If you feel your utility bill is incorrect, please notify the Town Office at least five (5) days before your bill is due on the 20th.

Following this letter is the authorization form you need to fill out and sign. Send the form, along with a voided check or deposit slip, back to the Town Office (P.O. Box 351, Strasburg, VA 22657).

Please, contact the Town Office if you have any questions about this program.

Sincerely,

Debbie Miller

(electronic signature)

Debbie Miller

Water Clerk



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Debit/Credit Authorization Agreement (ACH)

I (we) hereby authorize Town of Strasburg, hereinafter called COMPANY, to initiate Debit/Credit entries to my (our)

Checking Account Savings Account (*Check one*)

At the depository financial institution named below, hereinafter called DEPOSITORY, and to debit/credit such entries as may be required to process utility payments. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

(please attach a voided check or deposit slip)

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ SS Number _____
(Primary Account Owner – Please Print)

Name _____ SS Number _____
(Co-owner, if two signers required – Please Print)

Date _____ Signature _____

Date _____ Signature _____

Note: All written Debit/Credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.