

# NEVER BE LATE AGAIN---USE ACH

With the City of Medina's Monthly Automated Payment program, you no longer have to worry about paying your utility payment on time. We do it for you **on the due date.**

**There are no checks to write, no stamps to buy, no envelopes to mail, and you will avoid paying your bill late.**

Pre-authorized payment services are programs through which consumers can pay bills electronically, eliminating the need to write checks. Because these payments are sent via the

safe, reliable Automated Clearing House (ACH) Network, bill payment hassles are eliminated. Each month, your Monthly Automated Payment will be recorded on your bank statement.

**If the ACH network is unable to debit the payment from your account, your utility account will be charged a non-sufficient fund fee and late payment penalty.**

Here is how customers can take advantage of this convenient service:

1. Fill out the authorization.
2. Enclose a voided check or copy of a check (Simply write "void" across the face of your check).
3. Submit the authorization and voided check or copy of a check to the city of Medina. We will notify you on your bill when your service will begin. Until then, pay your bill as usual.
4. We will send you a copy of your bill, at least 7 days before it is due and the amount will be deducted from your account **on the due date.**

## Sign up for Automated Payment Program

Please complete and return this form (along with a voided check or copy of a check to the City of Medina, PO Box 703, Medina, Ohio 44258-0703.

I authorize the City of Medina to instruct my bank/savings institution to make my utility payments (Debit/Credit) from the account listed below. I understand that I control my payments, and if at any time I/we decide to discontinue this payment service, I/we will notify the City of Medina in writing.

I acknowledge the non-sufficient fund fee.

### Customer Information (Please Print)

Customer Name (as shown on bill): \_\_\_\_\_

Utility Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(if joint account)*

### Required Banking Information:

Financial Institution: \_\_\_\_\_ Branch Ph#: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account:  Checking  Savings