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|  |  | **CITY OF BURLINGTON****DEPARTMENT OF PUBLIC WORKS****WATER RESOURCES DIVISION**235 Penny Lane | P O Box 878 | Burlington, VT 05402**P** 802.863.4501 | **F** 802.864.8233water-resources@burlingtonvt.gov | [www.burlingtonvt.gov/dpw/water](http://www.burlingtonvt.gov/dpw/water) |
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**AUTOMATIC DEBIT AUTHORIZATION**

You can now enjoy the convenience and reliability of having your monthly Water Resources invoice automatically deducted from your checking or savings account. The Department of Public Works will electronically withdraw the full amount from your account twenty days from the billing date. If you would like to sign up for this free service, please complete this form and return it to the Burlington Water Resources. If you should have further questions or concerns, please contact our Customer Service Team at 863-4501 or water-resources@burlingtonvt.gov.

**Payment Authorization**

I authorize the Department of Public Works-Water Resources Division to instruct my financial institution to pay my Water Resources bill from the bank account listed below.

**Please Note:**

* The automatic debit payment option will take effect upon receipt.
* In case of a billing error, required adjustments will be reflected on your next statement.
* The fund withdrawal date will be marked in the message section of your invoice.
* If we receive three returned automatic debits then we will terminate your automatic debit and your account will be placed in a cash only payment status for twelve (12) months.
* If any of your banking information changes then you must send notification in writing—we cannot take updates over the phone.
* This agreement can be revoked at any time by either party with written notice.
* You may elect to no longer receive paper bills by visiting [http://burlingtonvt.mygovhub.com](https://burlingtonvt.mygovhub.com/#/). A valid email address, your water account number and service location as listed on your invoice is necessary.

 **Customer Name:** Click here to enter text. **Water Account #:** Click here to enter text.

**Service Location:** Click here to enter text.

**Full Mailing Address (if different):** Click here to enter text.

**Phone #:** Click here to enter text. **Email Address:** Click here to enter text.

**REQUIRED: You must include either a voided check (no starter checks) OR a form from your financial institution listing your account number and their routing number.**

**Owner(s) E-Signature:** Click here to enter text. **Date:** Click here to enter a date.