

# CITY OF MOUNT VERNON

## NEW CUSTOMER SET-UP

Please Print Clearly – All info is required A copy of your lease/rental agreement or purchase paperwork is required.

NAME ON ACCOUNT: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ D.O.B. \_\_\_\_\_

DRIVERS LICENSE/ID NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Have you or anyone in your household ever had water in Mount Vernon? YES NO

If “Yes”, where? \_\_\_\_\_

Name of a contact not living with you: \_\_\_\_\_

Phone number for this contact: \_\_\_\_\_

Direct Payment form is available if you would like your account drafted.

### Terms and Conditions:

I understand that by using the City of Mount Vernon water/sewer, I am responsible for the bill and the City of Mount Vernon garbage bin(s) located at my residence. I understand that it is my responsibility to notify City Hall of any, and all, changes to my account such as updated addresses, name change, or phone number. I understand that someone must be at the residence when the water is turned on and that no turn on or turn off will be done after 3:00 PM Monday - Friday. I understand that I am responsible for the bill even if a bill is never received. I understand that failure to pay my bill will result in my water being disconnected on the 20<sup>th</sup> and a reconnection fee will be added. I understand that any previous balance left by me or a member of my household at an old address must be paid before water is turned on at the new location. I understand that if I should move, I must fill out a form at City Hall and that I am responsible for water used up to the date that the water is turned off not the date that I moved out. I understand that if I leave a balance, legal action will be taken against me or my estate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(By signing you agree that the information above is correct and that you agree to the terms and conditions.)

Office Use

Account # \_\_\_\_\_

Service ID \_\_\_\_\_

Receipt \_\_\_\_\_

Payment \_\_\_\_\_

City of Mount Vernon  
Consumer Authorization for Direct Payment via ACH

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

**Check one:**    ☐ Begin Payment                                      ☐ Change Information

I (we) authorize \_\_\_\_\_ ("COMPANY") to electronically debit my (our) account and, if necessary, to electronically credit my (our) account to correct erroneous debits as follows:

☐ Checking Account / ☐ Savings Account (select one) at the depository Financial Institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

**Depository name:** \_\_\_\_\_

**Routing number:** \_\_\_\_\_

**Account number:** \_\_\_\_\_

**Name(s) on the account:** \_\_\_\_\_

**Debit transaction frequency:**

☐ **Single Entry** (one-time payment only)

☐ **Multiple Entries** (multiple entries that do not occur at substantially regular intervals)

How will subsequent Entries be allowed?

☐ Telephone

☐ Internet

☐ Other: \_\_\_\_\_

☐ **Recurring Entries** (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

**Date of debit (if Single Entry) or date of first debit:** \_\_\_\_\_

**Number of and/or frequency of debits:** \_\_\_\_\_

**Authorized debit amount** (or method for determining amount): \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing, by phone, location, address, etc. that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 5 days prior to transaction date notice in order to cancel this authorization.

Name(s): \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_