

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 20th 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): _____