



Rosemount City Hall
2875 145th Street West
Rosemount, MN 55068-4497
651-423-4411 Fax: 651-423-5203

City of Rosemount Direct Pay Plan

Now you can pay your utility bill from your checking or savings account *automatically*. No more checks to write, stamps to buy, or late payments. It's free, fast, and easy to do.

Simply fill out the attached authorization form and return it with a **voided check (for checking account payments)** or a **voided deposit slip (for savings account payments)** to the above address, attention: Direct Pay. **Please be sure to fill out the form in full and include proper voided document; incomplete forms will not be processed.**

It may take two billing cycles after receiving your authorization for the plan to start. Banks usually encourage a "practice run" for the first cycle to be sure it is working properly. Please continue to pay your bill as usual until your statement has the message "AUTOMATIC PAYMENT ON DUE DATE – DO NOT PAY" near the upper right corner of your bill. You will continue to receive quarterly statements unless you contact us to opt-out and may call with any questions you may have concerning the charges. Your bank statement will reflect the amount debited to your account for this payment.

You may sign up at any time. If you change bank accounts, please call for a new authorization form. Remember, there is no charge to you for this service.

If you ever have any questions about this program or your utility bill please call 651-322-2099.

On the date _____ I authorized the City of Rosemount to withdraw from my checking account/
 savings account number _____ at (financial institution) _____ the
necessary amount to pay my water utility bill on my current statement. This authorization shall remain in effect until canceled by me in writing, canceled by the City with advance notice, or if the property is sold and all final payments have been received in full by the City.

**DETACH AND RETURN THE BOTTOM PORTION TO THE ABOVE ADDRESS –
KEEP THE TOP FOR YOUR RECORDS**

•ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE UTILITY ACCOUNT #: _____

I hereby authorize the City of Rosemount and the financial institution named below to automatically withdraw funds from my Checking Account or Savings Account Number: _____ on the billing statement, and the amount necessary to pay that quarterly utility bill. This enrollment shall remain in effect until canceled by me in writing, canceled by the City with advance notice, or upon the sale of the property when all final payments have been received by the City.

Name of Financial Institution _____ Branch _____

Address _____ City _____ State _____ Zip _____

Signature(s) _____ Date _____

Name (please print) _____

Resident Address (please print) _____

Items returned by the bank for non-payment may follow the normal collection process or the balance may be reinstated to your account balance plus all applicable fees. A \$30.00 returned item fee will apply and possible cancellation of the Direct Pay process at the discretion of the City of Rosemount.