



ROSEBURG URBAN SANITARY AUTHORITY

1297 N.E. Grandview * P.O. Box 1185 Roseburg, OR 97470 * 541-672-1551 * 541-672-7548 Fax

PAY YOUR SEWER BILL AUTOMATICALLY

As our customer you now have the option to pay your sewer bill from your checking or savings account automatically. No more checks to write, no stamps, no lost or late bill payments. *It's fast and it's free!*

Follow these steps to enroll:

For **EACH** service address:

- ✓ Fill out the authorization agreement on the bottom of this page
- ✓ **Enclose a voided or cancelled check** (for checking accounts) or a voided deposit slip (for savings accounts),
- ✓ Mail the completed form and voided deposit slip or cancelled check to our office.
- ✓ Make your next payment as usual. It will take one billing cycle to verify that the transaction is set up correctly.

AUTHORIZATION AGREEMENT FOR AUTOMATIC SEWER BILL PAYMENTS

I hereby authorize ROSEBURG URBAN SANITARY AUTHORITY (RUSA) to initiate debit entries from my bank account for the payment of my sewer bill. I acknowledge that the origination of electronic debit transactions to my account must comply with the provisions of U.S. law. I understand that this authorization is to remain in full force and effect until RUSA has received notification of change of ownership of the service address or written notification from me of its termination in such time and in such manner as to afford RUSA a reasonable opportunity to act on it. I also understand that RUSA reserves the right to terminate this payment plan or my participation in it. I understand that applicable fees and a late fee will be assessed on my account if I do not have sufficient funds in my account at the time of the transaction. I understand my direct electronic payment of the bill amount will be debited on the due date of the bill. I understand by paying automatically, I will no longer get a copy of my bill.

BANKING INFORMATION:

Name of Banking Institution _____

Routing Number _____ Account Number _____

PLEASE CIRCLE ONE: **SAVINGS** **CHECKING**

CUSTOMER INFORMATION:

Name(please print) _____ Daytime Phone: _____

Service _____ RUSA Sewer
Address: _____ Account Number _____

Service _____ RUSA Sewer
Address: _____ Account Number _____

Service _____ RUSA Sewer
Address: _____ Account Number _____

Service _____ RUSA Sewer
Address: _____ Account Number _____

SIGNATURE: _____ Date _____