

APPLICATION FOR AUTO PAY

Test Month:_____

Active Month:_____

Town of Huntertown
15617 Lima Road, P.O. Box 95
Huntertown, Indiana 46748
Phone (260) 637-5058---Fax (260) 637-5891
utility.office@huntertown.in.gov

Date:_____

Applicant:_____

Co-applicant:_____

Phone number:_____

Customer number:_____

Address:_____

**COPY OF VOIDED CHECK (ATTACH HERE)

Financial Institution:_____

Routing number:_____

Account number:_____

I (we) authorize the Huntertown Municipal Utility (“HMU”) to automatically withdraw from my (our) account identified above, the total amount due as stated on my (our) monthly billing statement for all charges at the above service address, and to make deposits, if necessary, for error corrections. I authorize the Financial Institution named above to accept such transactions initiated by HMU. The withdrawals shall be made from my account approximately twenty (20) days after the billing date. HMU will terminate this agreement upon notification from the bank of insufficient funds or account closed. In that event, your utility service account will be charged HMU’s current NSF service charge. Otherwise, this authorization is to remain in effect until HMU has received written notification from me (us) of termination, in such time as to afford HMU a reasonable opportunity to act on it. I (we) am aware of my right to stop payment of a withdrawal by notifying HMU up to three (3) business days before the withdrawal date. If an erroneous withdrawal occurs and I (we) notify the Financial Institution of the error within sixty (60) days of the issuance of my (our) financial institution’s account statement, the Financial Institution must investigate and resolve the error within thirty (30) days of notification. My (our) account shall be credited for the amount in question until the investigation is completed, if the error is not resolved with the ten (10) days following receipt of my (our) notification. (Condensed for Regulation E, Electronic Funds Transfer Act). If you want additional information, contact your financial institution.

Applicant

Co-Applicant

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*Fill out the application for Auto Pay and return with a voided check via email, drop box, in office or post office mail.

*The first month will be treated as a **test month**, meaning you will need to remit payment for your utility account in the form of cash, check, or money order, in addition to the voided check. The **test** is to verify that all numbers (i.e. routing number, account number, etc.) are correct.

*The following month will be your first **active** month. You will receive your monthly bill as normal around the first of the month. On the 20th of the month, the amount due for your utility account will be deducted from your financial institution.

*If the funds are not available in your account, you will be assessed a \$25.00 non-sufficient funds charge. If funds are not available more than twice, you will be taken off of the Auto Pay program.

*The Auto Pay program will remain in effect until notified of termination. To terminate Auto Pay notice must be submitted by the tenth of the month.

*Please contact the Huntertown Municipal Utility office if you have any questions.