

City of Mount Vernon
910 Cleveland Avenue
Mount Vernon WA 98273

AUTOMATIC UTILITY PAYMENT

SIGN UP TODAY!



Telephone: (360) 336-6218

City of Mount Vernon
P.O. Box 809
Mount Vernon, WA 98273

PRSR1 STD
U.S. POSTAGE
PAID
MT. VERNON,
WA 98273
PERMIT NO
42

POSTAL CUSTOMER

ECRWSS



To Sign up:

Complete the authorization form on the other side. Enclose a voided check and mail to:

City of Mount Vernon
PO Box 809
Mount Vernon WA 98273

About Autopay

This method of payment automatically pays your utility bill directly from your bank account without the use of paper checks. After signing up for this payment option, you will no longer receive a utility bill unless requested. The payment will be deducted from your bank account on the 15th of each month.

If you have any questions about the autopay program, please contact the Finance Department at (360) 336-6218



or email at: mvfinance@mountvernonwa.gov

Or visit us at:
City Hall

Frequently Asked Questions

How do I sign up?

Complete the attached authorization form and mail along with a **voided check** to the City of Mount Vernon.

When will my bank account be debited?

The first month there will be a \$0 file sent to your bank to verify account information. The first debit will take place the following month.

What if I don't have sufficient funds available?

If you do not have sufficient funds in your account to pay your bill, it will be treated the same as an NSF check. Your account will be charged a \$20 NSF fee and we reserve the right to discontinue your autopay.

What if I want to stop this program?

You may cancel your autopay authorization by submitting an autopay cancellation form by the 5th of the month.

Authorization Agreement for Autopay Payments

PLEASE PRINT

Date _____

New Request Change

Utility Account # _____ - _____ - _____

Customer # C- _____

Name: First _____ Last _____

Name of Co-Applicant (if Joint Account) _____

Service Address:

_____ # _____ Street _____ Zip code _____

Mailing Address:

_____ # _____ Street _____

_____ City _____ State _____ Zip code _____

Daytime Phone: _____

Email address: _____

___ Please check if you want to continue to receive a monthly utility bill.

To be completed by City of Mount Vernon:

Date Received _____

Pre-notification Date _____

First Payment Date _____

I hereby authorize City of Mount Vernon to automatically withdraw funds from my ___ checking ___ savings account (select one) named below and the Financial Institution named below to pay my utility bills directly to the City of Mount Vernon. I require no additional notices prior to action being taken on this authorization.

Financial Institution: _____

Financial Institution Address: _____

Account Number: _____

Bank Routing Number: _____

This authorization is to remain in effect until the City of Mount Vernon has received written notification from me of its termination by the 5th of the month in which the termination is effective.

Signed _____

Date _____

Please attach a **voided check**
And mail to:

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