



Committed to Continuous Improvement and Quality Customer Service

Water Bill Automatic Payment Authorization

As a City of Roseburg water customer you now have the option to pay your water bill from your checking or savings account automatically. No more checks to write, stamps to buy, or late payments. It's fast and it's free.

Q. How do I sign up?

A. Simply complete and return the attached authorization form. You must include a voided check (for checking accounts) or a voided deposit slip (for savings accounts).

Q. How soon will the Automatic Payment Plan Start?

A. It may take one billing cycle after we receive your authorization. We bill every two months. Please continue to pay your bill as usual until the message "**AUTOPAY- DO NOT PAY**" appears on your bill above the ACCOUNT NUMBER. Once the "**AUTOPAY- DO NOT PAY**" message appears on your statement, the amount you owe will be automatically withdrawn from your bank account on the due date.

1. How can I be sure that my water bill has been paid?

A. Your monthly bank statement will clearly reflect the automatic payment.

Q. What if I have a question about my bill?

A. Simply call the City of Roseburg at (541) 672-7701 and ask to speak to the Water Billing Department or email Nancy Day at nday@ci.roseburg.or.us.

Q. What if I try the Automatic Payment Plan and don't like it?

A. You can cancel your authorization for automatic payments at any time by notifying us in writing.

City of Roseburg, 900 SE Douglas Avenue, Roseburg, OR 97470,
nday@ci.roseburg.or.us

Authorization Statement for Automatic Water Bill Payment

I hereby authorize the City of Roseburg to make debit entries from my bank account for the payment of my city water bill. I understand that this authority will remain fully effective until the City of Roseburg receives a written request for termination from me or my authorized agent, and the City has had a reasonable opportunity to act upon the request. I also understand that the City of Roseburg reserves the right to terminate this payment plan or my participation in it. I understand that a \$25 fee will be assessed on my account if I do not have sufficient funds in my account at the time of the transaction.

Signature

Date

City Utility Billing Account Number

Name (please print)

Daytime Phone

Name of Banking Institution

Circle One:

Checking Savings

**Please attach a voided check
or deposit slip.**

