Utility Billing Department
Civic Center, Room 104
PO Box 5021 * Great Falls MT 59403
(406)727-7660 FAX (406)452-8048

DIRECT PAY PAYMENT OPTION

Direct pay allows customers to pay their monthly bills by having the payment electronically debited from their bank account automatically each month.

To join the Direct Pay Plan,

1. **Fill out the application below**
2. **Attach a voided check**
3. **Mail or bring the form to our office**

Completing this form authorizes the bank to make payments for you by electronically debiting your account each month. Once your account is billed, the payment cannot be changed or removed.

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QUESTIONS & ANSWERS FOR DIRECT PAYMENT

Q: Will I continue to receive a monthly billing statement?
A: Yes, the payment information will be on our statement, and on your monthly bank statement.

Q: When do the funds get debited from my account?
A: 15 days after the billing date. If due date is a weekend, payment will be debited the previous Friday.

Q: What if I have questions about my utility bill?
A: With any questions, please call our customer service representatives at 727-7660.

Q: What if there is an error in the amount being debited from my account and it's not my fault?
A: Contact your financial institution and our utility billing department immediately.

Q: How would I cancel my direct payment?
A: You must contact our Utility Department in writing at least one billing cycle prior to termination.

Q: What if I advise my financial institution to stop payment?
A: You will be revoking your agreement and a service fee will be charged.

Q: What would happen if I don't have sufficient funds in my account to pay the direct payment?
A: It would be treated the same as not being on the direct pay plan and will be considered having non-sufficient funds (NSF). You are obligated to have sufficient funds in your account to pay the direct payments. A service fee will be charged by our department and your financial institution.

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AUTHORIZATION FOR AUTOMATED BILL PAYMENT

I authorize you and the financial institution listed below to automatically debit my account each billing period and, if necessary, to adjust or reverse a payment for any entry made to my account in error. This authorization will remain in effect until I have canceled in writing and in such time as to afford you a reasonable opportunity to act on it.

☐ New Request ☐ Change ☐ Checking ☐ Savings

Date_____

FINANCIAL INSTITUTION

FINANCIAL INSTITUTION'S ADDRESS

CITY STATE

ACCOUNT NUMBER

NAME (PLEASE PRINT)

CO-APPLCANT'S NAME IF JOINT ACCOUNT

APPLICANT'S PHONE NUMBER

SIGNATURE

SERVICE ADDRESS

TO BE COMPLETED BY UTILITY BILLING

TRANSIT ROUTING NUMBER

:| | | | | | | | | | :|

Eff. Date_____

ACCOUNT NUMBER INFORMATION

RETURN THIS PORTION TO OUR UTILITY BILLING DEPARTMENT ALONG WITH VOIDED CHECK.