

City of Poquoson
Utility EZ Pay Program
Electronic Debit Authorization for Utility Bills

If you wish to have your property's utility bill automatically deducted from your bank account, please complete the authorization below and return the form to:

City of Poquoson
Treasurer's Office
500 City Hall Avenue
Poquoson, VA 23662

(757) 868-3015 Telephone
(757) 868-3103 Fax
steven.clarke@poquoson-va.gov
Steven D. Clarke, Treasurer

Utility Account Information

Service Address:	Utility Account # (if known):
------------------	-------------------------------

Property Owner Name(s):

Mailing Address (if different than service address):	Email Address:
	Best Phone Number:

Do you still want to receive a paper bill?
☐ Yes ☐ No

If you answer no, an email reminder will be sent at the beginning of the month.

Bank Account Information

Financial Institution Name:

Routing Number:	Account Number:
-----------------	-----------------

***Please attach a voided check (or document from your financial institution)
with the correct bank account number.***

Please Check or Initial to Acknowledge Each of the Following:

- ☐ I authorize the Financial Institution listed above to accept the automatic payment requests from the City of Poquoson, Virginia, and post them to my account.
- ☐ I am aware that my account will be debited on the date the Utility bill is due.
- ☐ I understand that, if at any time, I decide to withdraw this authorization, I need only to notify the Treasurer in writing one week prior to the scheduled debit.
- ☐ I also understand that if I change or close the account at the financial institution listed above, I must notify the City of Poquoson Treasurer's office.
- ☐ I understand and agree that any mistake or failure of the Financial Institution to pay the City of Poquoson as specified in this agreement, including penalty as applicable, will remain the responsibility of the undersigned.
- ☐ I understand and agree that I am responsible for and will pay a return item fee of thirty-five dollars (\$35.00) which will be assessed for each debit that is returned to the City as a "return item" for reasons of "insufficient funds" or "account closed."

Property Owner Authorization

I have read and understand the rights and obligations outlined in this agreement.

Signature:	Date:
------------	-------

Treasurer's Office Use Only

Start Date:	Finance:	ACH List:	Bank List:	Email List:	E-list:	E-ach:	E-finance:
-------------	----------	-----------	------------	-------------	---------	--------	------------