



# City of Orono

## Utility Billing

### Automatic Payment Plan

**How Do I Sign Up?**

Simply fill out this form and return with a voided check (for checking accounts) or deposit slip (for savings accounts).

**How soon will Automatic Payment Plan Start?**

It may take one billing cycle after we receive your authorization. Please continue to pay your bill as usual until the message "Automatic Payment – Do Not Pay" appears on the top portion of your bill.

**Can I enroll later?**

Yes, you can enroll at any time. You may find this form online or call us at 952-249-4600.

**How can I be sure my bill has been paid?**

Your monthly bank statement will clearly reflect the automatic payment

**What if I have questions about my bill?**

You may call Utility Billing at 952-249-4600 or e-mail utilitybilling@ci.orono.mn.us.

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

You can cancel at any time by notifying us in writing or e-mail.

**Is there a charge?**

No. The City does not charge for automatic payment plan.

**What if I change banks or accounts?**

You can find this form online or call us at 952-249-4600 for a new form to complete.

**When will my payment be taken out from my account?**

Payments will be taken out on the billing due date.

**Where should I send this form?**

You can send this form to: P.O. Box 66  
Crystal Bay, MN 55323

Or drop off at City Hall:  
2750 Kelley Parkway  
Orono, MN 55356

## Automatic Payment Plan Authorization Form

Please enroll me in the City Of Orono's Utility Billing Automatic Payment Plan.

I/We authorize the city to collect payment on my/our utility bill by initiating recurring debit entries (deductions) to the bank account shown on the attached voided check (for checking account) or deposit slip (for savings account).

I/We understand that this authorization will continue in force until it is discontinued with my written request. I/We also understand that the City of Orono reserves the right to terminate this payment plan or my/our participation in it. A \$30 NSF fee will apply for items returned for nonpayment.

Street Address \_\_\_\_\_

Utility Account # \_ - \_ - - - - - - - -

**Attach a voided check or a savings deposit slip.**

Type of Account:  Checking  Savings

I/We understand that this authorization will continue in force unless discontinued by my/our written request.

Signature \_\_\_\_\_

Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Phone # \_\_\_\_\_