

If you have any questions concerning automatic payment of water bills, please contact:

CITY OF LIVONIA
WATER & SEWER DEPT.

at

(734) 466-2278

OFFICE HOURS

8:30AM – 5:00PM

CITY OF LIVONIA
Water Department
33000 Civic Center Drive
Livonia, MI 48154

BULK RATE
CAR-RT-SORT
U.S. POSTAGE
PAID
PERMIT #54
LIVONIA, MI

POSTAL CUSTOMER

CITY OF LIVONIA



INTRODUCES...

AUTOMATIC BILL PAYMENT

FOR YOUR

WATER BILL

AUTOMATIC BILL PAYMENT

With Automatic Bill Payment, you can have your water bill automatically paid from any participating bank, savings and loan, or credit union account. Just complete the attached form, return it, and start enjoying these benefits:

- No checks to write.
- No postage to pay.
- Payments always on time.
- No trips to City Hall to pay your bill.
- If you're on vacation or sick at home, your bill would be paid on time.

All you have to do is make sure there is enough money in your account to cover the bill, and then record the payment in your records.

With automatic bill payment, you will continue to receive a quarterly billing statement with the notation **EFT DO NOT PAY**". Your payment will automatically be withdrawn from your account on the due date of the bill.

QUESTIONS & ANSWERS

How long does it take to get on the plan?

Depending on when you sign up, most accounts will be converted within 30-60 days. You should continue to pay normally until you are notified on your water bill.

What if I have a question concerning the amount of my bill?

You should contact the Water Department at least 10 days prior to the due date of your bill.

What if there isn't enough money in my account?

You should have plenty of time to leave money into your account, as the deduction does not take place until the due date of your bill. If there are insufficient funds, it will be treated like a bounced check and a penalty will be added to your account.

Can I withdraw from the program?

Yes. You should notify the water department in writing when you wish to discontinue service.

How do I sign up?

Complete and return the attached enrollment form to:

City of Livonia
Water & Sewer Department
33000 Civic Center Drive
Livonia, MI 48154-3097

AUTOMATIC BILL PAYMENT AUTHORIZATION FORM

CUSTOMER NAME _____
SERVICE ADDRESS _____
MAILING ADDRESS (IF DIFFERENT) _____ STATE/ZIP _____
DAYTIME PHONE _____

To ensure accuracy, please contact your financial institution for the correct ABA and account number.

NAME OF FINANCIAL INSTITUTION _____
NINE DIGIT ABA/ROUTING NUMBER _____
CHECKING ACCOUNT # _____ or SAVINGS ACCOUNT # _____

I authorize the City of Livonia Water Department to deduct my payment from the checking or savings account listed. I understand that I can discontinue this payment service at any time by notifying the City of Livonia in writing.

SIGNATURE _____ DATE _____