



Utility Billing Office 540-587-6047 Fax 540-587-6143 E-Mail [billing@bedfordva.gov](mailto:billing@bedfordva.gov)

**Auto Pay Service Agreement**

**Authorization Agreement**

This authorizes the Town of Bedford and my financial institution to automatically pay my monthly Town of Bedford utility billing using the payment method selected. I agree to all the terms and conditions of the authorization.

**The Auto Pay Service**

The auto pay service conveniently pays your monthly utility bill automatically by using the payment method selected. Auto pay service is the most convenient, dependable, least expensive way to pay your monthly utility bill.

**How the Auto Pay Service Works**

You will continue to receive your bill each month and once the bank draft has started you will see **DO NOT PAY** at the top of your bill. The amount due will be deducted from your bank account on the **DUE DATE** listed on your bill.

**Enrollment**

Complete the authorization form with a copy of a void check. Once the bank draft is started your utility bill will automatically be deducted from your checking account on the due date shown on your bill.

**Updating Payment Information**

If you need to update your payment information, changes must be made at least 20 days before the due date or the amount due will be deducted from the payment method you currently have on file.

**Terms and Conditions of Authorization**

Authorization: Review, complete and submit an authorization agreement. Each Payment shall be considered the same as if it were an instrument personally signed by you.

**Revocation:** If a payment submitted is returned, a service charge will be assessed.

Furthermore, if there are 2 returned payments within a rolling 12 month period, the Town of Bedford may revoke the auto pay agreement and require you to make your own payments.

**Questions** contact the Finance Department **Billing Office: 540-587-6047**

**Fax 540-587-6143**

**Email [billing@bedfordva.gov](mailto:billing@bedfordva.gov)**

**I AGREE TO THE ABOVE OUTLINED TRANSFER AGREEMENT**

*Please sign and return this form along with a **voided check.***

**SIGNATURE:** \_\_\_\_\_ **UTILITY ACCT #:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **E-mail** \_\_\_\_\_