City of Edina

AUTOMATIC PAYMENT PLAN
AUTHORIZATION FORM FOR UTILITY BILLING

Q. What is the Automatic Payment Plan?
A. We will generate an automatic transfer from your checking account or credit card to pay your quarterly utility bill on the due date.
Q. How do I sign up?
A. Complete and return the attached authorization form. For checking accounts, please include a voided check.
Q. How soon will the Automatic Payment Plan begin?
A. It will begin with your NEXT billing cycle. You will need to pay any current balance manually.
Q. How much notice will I have between receiving my bill and the payment being charged to my checking account or credit card?
A. Payments will be processed on the due date listed on your bill, within 30 days from the bill date.
Q. How can I be sure my bill has been paid?
A. Your monthly bank or credit card statement should clearly reflect the automatic payment.
Q. What if I have a question about my bill?
A. You can call Utility Billing at 952-826-0373.
Q. Is there a charge for this service?
A. There is NO charge to you for the Automatic Payment Plan.
Q. What if I change banks or checking accounts, or my credit card information changes?
A. Just call us at 952-826-0373 and we will help you update your Automatic Payment Plan.
Q. What if I try the Automatic Payment Plan and don't like it?
A. You can cancel your authorization for automatic payments at any time by notifying us.

AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

Please enroll me in the City of Edina's Utility Billing Automatic Payment Plan. I hereby authorize the city to collect payment on my utility bill by initiating a recurring charge to my bank account or credit card shown below.

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CITY OF EDINA UTILITY CUSTOMER — ACCOUNT NUMBER (NOT your bank account number)

Type of Charge: Checking ☐ MasterCard ☐ Visa ☐ Discover ☐

_____ _____-_____-_____
Name(s) on Checking Account OR Name on Credit Card (Please Print) Your Phone Number

_____ ____|____|____ _____ / _____
Credit Card Number 3-Digit CVC # Expiration Date MO/YR

_____ _____
Signature(s) of Checking Account OR Credit Card Holder Date Signed

_____ _____
Bank Name (for checking accounts) Bank Routing Number

_____ _____
Checking Account Number (please attached a voided check) Your Email Address

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RETURN COMPLETED FORM TO: City of Edina, Utility Billing, 4801 West 50th Street, Edina, Minnesota 55424-1330
MAIN PHONE 952-927-8861 • FAX 952-826-0390 • TTY 952-826-0379 • www.EdinaMN.gov