



Application for Auto Pay

Auto Pay is a simple way to pay your bill automatically from your bank account and participation is free! If you are interested, please complete this form, sign, **attach a voided check**, and return it to us at the address listed below.

Please Check One:

Purpose of form New Applicant Change Request Cancel Auto Pay

Customer Name _____ Account Number _____

Service Address _____ City _____ Zip _____

Daytime Phone _____ Email Address _____

Please provide the following information about your bank account:

Name on the Account _____ Bank Name _____

Routing Number _____ Account Number _____

I authorize the Albemarle County Service Authority to automatically deduct payment from the account specified, for charges incurred at my service address. I understand that **payment will be deducted on the due date** listed on my monthly statement and, therefore, no other payment need be mailed. I understand that I will be subject to a return check fee for each returned item, regardless of the reason for return; and, returned items may result in termination of service and termination of this agreement. I may suspend or cancel payment by notifying the Albemarle County Service Authority; this notice must be received at least ten business days before an amount is to be debited from my bank account. I also understand Albemarle County Service Authority reserves the right to terminate this draft and/or my participation in Auto Pay.

I have read and agree to the above authorization agreement.

Signature _____ Date _____

Automatic recurring Auto Pay will begin upon **notification on your monthly billing statement.**

If you are requesting a change, you may email this form to custserv@serviceauthority.org. We require at least 30 business days, in advance of your next debit date, to honor such requests.