



**AUTOMATIC PAYMENT AGREEMENT**  
 865 SE Barrington Dr, Oak Harbor WA 98277  
 Email: [utilities@oakharbor.org](mailto:utilities@oakharbor.org)  
 Fax: 360-279-4530

**How to start autopay:** By completing and signing this agreement, you agree and authorize the City of Oak Harbor to debit your checking account for your utility service bill. Attach your voided check below to ensure the proper and accurate setup of your autopay. Deliver the agreement either by walk-in, email, or fax. The City must receive authorization by the 1<sup>st</sup> of the month for the payment to be activated the same month.

**How to stop autopay:**

If you wish to cancel this agreement and discontinue the automatic payment option, notify the City of Oak Harbor on the designated automatic payment cancellation form no later than 3 business days prior to your due date. Your act of canceling the autopay with your bank WILL NOT cancel autopay with the City of Oak Harbor. The City reserves the right to cancel the automatic payment agreement.

**Your responsibilities:**

If your bank refuses payment for any reason, you will be charged \$40.00, the return item fee. If your bank refuses the payment for a second time, we will discontinue the automatic payment option. If you are changing banks or bank accounts, please notify the City of Oak Harbor in writing 3 business days prior to your due date. You will be required to sign a new agreement and provide a voided check from the new account. If you close your bank account, please notify the City of Oak Harbor in writing 3 business days prior to the due date in order to cancel the scheduled withdrawal.

**City responsibilities:**

The City of Oak Harbor will continue to send you the bill for your records. On the due date of each bill, your payment will be automatically withdrawn in the amount of your bill amount. Your bill will state, "AUTOPAY" in the remittance amount box. Withdrawals can be made up to 3 business days prior to the due date.

Please complete the following information and attach a VOIDED check.

Utility Account Number:	Bank Name:
Owner(s) Name(s):	Bank Routing number:
Service Address:	Bank Account number:
Phone Number:	Autopay Activation Date:

You hereby authorize the Bank named herein to accept automatic payment withdrawals initiated by the City of Oak Harbor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH VOIDED CHECK HERE FOR ACCOUNT VERIFICATION**

Office Use Only:

Receiving Cashier:  
 \_\_\_\_\_

Date Billing Clerk processed:  
 \_\_\_\_\_

Verified by:  
 \_\_\_\_\_