



CITY OF ASTORIA
 Water/Sewer Department
 1095 Duane Street
 Astoria, OR 97103
 (503) 338-5172
 (503) 338-6630 - Fax
 www.astoria.or.us

For Office Use Only:

Last Name: _____

Cycle #: _____ Acct #: _____

City of Astoria
 Water/Sewer Department
 E-Z Pay Program

How does it work?

Bi-monthly, you will receive your water bill showing the amount due and the due date. *On the 8th day of the month following the billing*, the amount due will be deducted from your checking or saving account and transferred to the City of Astoria.

The City of Astoria Water/Sewer Department reserves the right to deny or cancel participation in the E-Z Pay Program.

To participate, please complete this form and return it to the City of Astoria Water/Sewer Department at the address listed below.

PLEASE NOTE a test run must be conducted before the automatic withdrawals can begin. Therefore, please continue to make payment by check, cash, money order or credit card until you read the following statement

CITY OF ASTORIA
 Water/Sewer Department
EZ PAY PROGRAM APPLICATION

Customer Name *(Please Print)* _____ Customer Phone Number _____

Service Street Address *(as it appears on your bill)* _____ Astoria, OR 97103 _____

I authorize the City of Astoria Utility Department to request deductions from my account and the financial institution below to transfer payment in the amount of my bi-monthly utility bill to the City of Astoria from my:

_____ Checking Acct* _____ Savings Acct

*** PLEASE INCLUDE A VOIDED BLANK CHECK FOR CHECKING WITHDRAWAL**

Bank Name _____ Name(s) on the Account _____

Bank Routing Number _____ Bank Account Number _____

Authorized Signature _____ Date _____

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