

# City of Lincoln

122 E. Main St. ~ P.O. Box 17 ~ Lincoln MO 65338 ~ Phone (660) 547-2718

## E-Billing and ACH Agreement

Utility Billing Account Number: \_\_\_\_\_

By choosing e-billing, hereinafter called PAPERLESS BILLING, you consent to receiving your utility billing statements via email for the account(s) that you have selected for Paperless Billing. By signing this agreement, you understand that you will no longer receive your billing statements for this/these account(s) through U.S. mail. You can change your preferred delivery method for your billing statement by submitting written notice to cancel your paperless billing agreement. Requested changes in delivery method may not be processed immediately.

To receive a paper copy of your billing statement at any time without charge, please contact the city office @ 660-547-2718.

Please keep the following in mind: (1). You are responsible for (i) providing the City of Lincoln with an updated and active e-mail address, (ii) maintaining Internet access, and (iii) ) installing any software on your personal computer needed to receive, access, store, and print email files. (2). E-mails returned as undeliverable may result in a suspension of Paperless Billing and a return to paper copies sent via U.S. mail. (3). Delays experienced due to the use of this service will not change any payment due date or the potential imposition of late fees. If you do not receive an anticipated e-mail notice, please contact the City of Lincoln at 1-660-547-2718. (4). The City of Lincoln reserves the right to discontinue this service or modify the terms of this agreement at its option. If we do, we will provide you with reasonable notice. (5). Billing statements will not be available indefinitely. Please save the billing statements to your computer or print them off to retain a copy for your records.

I UNDERSTAND as the customer of record for the utility account that I am enrolling in, or am duly authorized to act on behalf of, and with the express consent of, the customer of record, I hereby authorize the City of Lincoln to initiate debit entries or, if necessary, credit entries and adjustments for any debit entries in error, to my checking/savings account and further authorize the financial institution named below, hereinafter called BANK, to debit and/or credit the same to such account.

I UNDERSTAND that I am responsible for any fee or penalty that I incur due to insufficient funds or other conditions that may prevent the withdrawal of funds from my account.

I UNDERSTAND and agree that providing my name and account number on this form to register for the service constitutes an electronic signature that will be treated in all respects as having the same legal effect as an original handwritten signature; that the information you have provided is true and accurate; that you have read, understand, accept and agree to these Terms and Conditions, or that you are duly authorized to bind the customer of record to these Terms and Conditions; and that you authorize (unless and until your account is un-enrolled) such debits to your account.

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## E-Billing and ACH Agreement

UTILITY BILLING ACCOUNT NUMBER \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

BANK NAME \_\_\_\_\_

BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK ROUTING NO. \_\_\_\_\_

BANK ACCOUNT NO. \_\_\_\_\_

PLEASE CIRCLE ACCOUNT TYPE:      CHECKING      SAVINGS

This authority is to remain in full force and effect until the City of Lincoln has received written notification from me of its termination in such time and in such manner as to afford the City of Lincoln and the Bank a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address (For e-billing purposes only)

Please return this completed form:

In Person: City Hall, 122 E Main Street

E-Mail: [lincolnutilitybilling@gmail.com](mailto:lincolnutilitybilling@gmail.com)

Fax: 660-547-3964

Mail: PO Box 17, Lincoln, MO 65338