Autopay

About the Program

The Autopay program makes paying your utility bill easy, convenient and saves you time and money by:

- Eliminating the need to write a check each month
- Saving postage costs
- Avoiding the need to make a special trip to the post office or the city office to pay your utility bill
- Be sure your payments are made on time, no more delinquent fees

Now you can have your payment automatically withdrawn from your bank account each month.

Enrollment

Enrollment is simple. To enroll for Autopay, print and complete the authorization agreement below, sign it and return along with a voided check to Salem City.

Process

- The Autopay service is provided as a convenience for you - your participation is voluntary and can be terminated upon your request. Just print and fill out the Autopay Authorization Termination form. Mail or drop off the completed form to Salem City and give us a reasonable opportunity to act on it.
- Each month we will continue to read your meter and send you a bill detailing the charges and showing the amount due to be automatically withdrawn from your account.
- Funds will be withdrawn from the account on the 15th of each month or the following business day if the 15th is on a weekend or holiday.

Terms and Conditions

- Customers may terminate this agreement for any reason whatsoever by giving to Salem City a completed Autopay Termination Agreement.
- If customer changes bank or bank accounts and wants to continue using the Autopay program, the customer must sign a new authorization agreement.
- Salem City may terminate the authorization due to Non Sufficient Funds (NSF) in the account and may add any fees associated with a NSF to the Customers utility account.

Authorization Agreement

Please print out the Authorization Agreement form below and fill it out appropriately. Then mail or drop off the completed to the City office.

Should you have any questions regarding Autopay service, you may call 801-423-2770 ext. 203 or visit the City Office.
AUTOPAY AUTHORIZATION AGREEMENT

I(We) hereby authorize and request Salem City to initiate withdrawal entries and to initiate, if necessary, deposit entries and adjustments for any withdrawal entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to deposit to or withdraw from such account.

This authority is to remain in full force and effect until Salem City and FINANCIAL INSTITUTION receive written notification from me (or either of us) of its termination in such time and in such manner as to afford Salem City and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Funds will be withdrawn from the account on the 15th of each month or the following business day if the 15th is on a weekend or holiday. Salem City may terminate the authorization due to Non Sufficient Funds (NSF) in the account and may charge any fees associated with a NSF.

Salem City Utility Account Number: _______________________________________________________
Customer Name: _____________________________________________________________
Customer’s Financial Institution: ______________________________________________________
Financial Institution’s 9 Digit Routing Number: ___ ___ ___ ___ ___ ___ ___ ___
Customer’s Checking/Saving Account #: ________________________________________________
Circle Type of Account: Checking   Savings
Customer’s Signature: ___________________________________________ Date: ________________
Customer’s Signature: ___________________________________________ Date: ________________

IMPORTANT NOTE: To ensure proper bank coding of your transfer, please attach a voided check (Not a deposit slip) showing your complete account number.
AUTOPAY AUTHORIZATION TERMINATION AGREEMENT

I (We) hereby give written authorization to terminate my (our) Autopay with Salem City for the utility account number listed below.

Effective Date: ______________________________

Salem City Utility Account Number: _________________________________

Customer Name: _________________________________________________

Customer’s Signature: ___________________________  Date: ____________

Customer’s Signature: ___________________________  Date: ____________