CITY OF RAPID CITY
UTILITY BILLING SURE PAY FORM

Dear Customer,

By completing and returning this form to our office, your utility account will be automatically withdrawn from your bank account.

Once enrolled in Sure-Pay you will still receive your monthly bill as usual. Your account will be charged automatically on the due date of the bill. If you feel the bill is incorrect notify the Utility Billing office.

***Please note: we are **NOT** able to stop a bill from being deducted once the bill cycle has been processed. ***

Below is the authorization agreement for Sure-Pay. Please complete the information as indicated (leaving the bank information blank) and return the form to us along with a voided check. We do require a voided check to make sure account information is accurate.
To change or discontinue Sure-Pay information we do require a Stop Sure Pay form OR a new Sure-Pay form.

*** Please note: When closing your utility billing account, the final bill **will not** be deducted from your account. ***

We feel this method of payment will be beneficial to you by providing ***peace of mind*** and ***save you time***! If you have any questions please call our office at; 605-394-4125. However if you are not interested in Sure- Pay you can send your payment to:

City of Rapid City
300 6th Street
Rapid City, SD 57701

AUTOMATIC PAYMENT AUTHORIZATION FORM

To City of Rapid City Water Dept: This is my authorization to deduct from my checking account and pay to you in the amount of my monthly Utility bill. This authorization shall continue until a STOP Sure Pay form has been submitted. I have attached a copy of my voided check.

A customer has the right to stop payment of a billed amount by notification to their bank before the next bill in initiated.

A Customer has the right to reverse any incorrect amount charged to their account by bank up to 15 days following issuance of statement or 45 days after posting, whichever occurs first.

Attach Voided Check Here

Please do not complete this section

Checking Account Number | | | | | | | | | | |

Bank

Address of bank | | | | | | | | |

For water service at_____Acct. No. _____

X _____

(Print your name as shown on your bank account. If a business, include firm name.)

X _____

(Please sign your name exactly as you do on your checks.)

IMPORTANT: Be sure to enclose a blank voided check to give us your bank's name, address and, exact number of your checking acct.
THIS AGREEMENT WILL TAKE EFFECT WITHIN 30 DAYS.

RETURN TO: City Finance Office
300 6th Street
Rapid City, SD 57701