



CITY OF ORONOGO

653 E Central St
Oronogo, MO 64855

417.673.4541 (P)
417.673.3246 (F)

E - BILLING AUTHORIZATION FORM

Go “paperless” when you sign up for E - bills with the City of Oronogo. You will no longer receive a paper bill in the mail. Instead, you will receive an e-mail notification with your monthly utility bill attached.

Account number: _____

Name: _____

Property address: _____

Home phone: _____

Cell phone: _____

E-mail: _____

Owner

Tenant

NOTE: A tenant requesting an E-bill must already be confirmed by the owner to be receiving a utility bill.

E-Bill Approval: I hereby authorize the City of Oronogo to initiate electronic utility bills via e-mail for the account listed above. I acknowledge that it is my responsibility to notify the City of any changes in the e-mail address. Failure to receive a statement or update an e-mail address does not relieve me of the responsibility of making payments as they are due. I understand that by approving this service I will no longer receive a mailed paper statement. This authorization will remain in effect until notified in writing that you would like to cancel e-billing.

Signature _____ Date _____

Please complete this form and drop off at the City office OR fax to 417-673-3246
OR scan and send via e-mail to utilities@oronogomo.org



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ACH AUTHORIZATION FORM

This is permission for recurring debits. As an authorized signor on the Depository Account presented, by completing and signing this form you give City of Oronogo permission to charge/debit your account in the amount of your utility bill on or after the indicated date. This authorization is to remain in full force and effect until City of Oronogo has received written notification from me of its termination. **

Please complete the information below:

I _____ as an authorized signor authorize City of Oronogo to charge/debit my account indicated below for my utility bill on or after the 15th of every month. My Account is _____.
(Utility Account Number)

Address _____ Phone# _____

City, State, Zip _____ Email _____

Depository Bank _____	Checking <input type="checkbox"/>	<p>The diagram shows a check with the following details: <ul style="list-style-type: none"> Payee: James Anderson, (812) 525-0322, 123 Main Street, Anytown, MO 64810 Routing Number: 9 digits between @ symbols, location at bottom may vary. Example: @ 748 278498 @ Account Number: Do not include check number, location at bottom may vary. Example: @ 278 13897 @ Check Number: 8888 Amount: \$ _____ Dollars </p>
Routing Number _____	Savings <input type="checkbox"/>	
Account Number _____		

Please attach a voided check.

I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$35 may be charged by City of Oronogo to me in the event there are insufficient funds available at the time the ACH payment is submitted. I authorize City of Oronogo to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the account described above and only for the occurrences indicated. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____ DATE _____

I, _____ hereby **Revoke my Authorization for the charges/debits to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least ten days prior to the scheduled settlement date.