

**Town of Herndon
Utility Billing Customer Service Department
Electronic Funds Transfer Agreement Form**

Please enter the following information as shown on your Town of Herndon Utility Bill

Customer Name: _____

Account Number: _____

Service Address: _____

Daytime Phone: _____

Bank Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Please attach a voided check to this form.

Authorization

I authorize the Town of Herndon to automatically deduct payment from the account specified for water and sewer charges incurred at my service address. **I understand that payments will be deducted seven (7) days prior to the due date of my utility bill. I also understand that I will be subject to a return check fee of \$50.00 if my account is rejected by my bank for any reason at the time of the electronic funds transfer.** I understand that I have the right to receive notice of the amount of each payment deduction and that each utility billing statement I receive will constitute such notice. Should I wish to cancel this authorization for one or more payments, it is my responsibility to contact the Town of Herndon Utility Billing Customer Service Department at least one week prior to my next bill date by phone at 703-435-6814 or by mail at the address noted below. This authorization takes effect with the billing statement I receive that contains the phrase "**BANK DRAFT- DO NOT PAY**" on your billing statement.

Signature

Authorized Signature (Primary): _____

Date: _____

Authorized Signature (Joint): _____

Date: _____

Please attach a voided check or preprinted deposit slip and return this form to:

**Town of Herndon
Utility Billing Customer Service Department
P.O. Box 427
Herndon, VA 20172**