



Automatic Bill Payment

201 East Sixth Street

PO Box 586

Newton, Kansas 67114

(316) 284-6007

What is Automatic Bill Payment?

The City of Newton offers two convenient Auto Pay options: Bank Draft or Credit/Debit Card. You will eliminate the need to write a check every month, purchase stamps, and make trips to the mailbox. Once enrolled, everything is taken care of automatically.

Will I receive a monthly statement?

Yes. Your monthly statement will be mailed to you more than two weeks before the payment is deducted from or charged to your account on the due date. Please review the bill and call us with any questions at (316) 284-6007 at least 5 business days before your due date.

How do I sign up?

- Complete the Personal Information section below and then choose your preferred Auto Pay method by completing **either** the Bank Draft or the Credit/Debit Card option.
- Return the form with your next payment or mail it to City of Newton, PO Box 586, Newton, KS 67114.
- Once the form has been received by our office, a “pre-note” is performed, which will send a \$0.00 entry to your account to verify that proper account numbers have been entered.
- **Please continue to pay your bill until “PAID BY DRAFT” appears in the Amount Due box on your monthly statement. Allow 30-60 days for processing.**

Personal Information: (please print)

Name _____

Account # _____

Phone (_____) _____

Address _____

CHOOSE ONLY ONE OF THE FOLLOWING PAYMENT OPTIONS:

Automatic Bank Draft Option:

Checking account Savings account

Bank Name _____

Bank Address _____

9 Digit Routing # _____

Bank Account # _____

(Please attach a voided check or deposit slip.)

Automatic Credit or Debit Card Option:

VISA MasterCard Exp. date _____

Card # _____

Name as it appears on card:

Card billing address: (city, state, zip)

I hereby authorize the City of Newton to deduct my monthly utility payment(s) from my bank/credit union account or authorized credit card account listed above on or after the due date. I agree to notify the City immediately if I wish to change the credit card used, or if any information, such as the expiration date, on the authorized card changes. I agree that a fee may be charged if my Auto Pay payment is declined. This authorization is to remain in effect until revoked by me in writing.

Signature _____

Date _____