

The City Clerk's Office is introducing a new option for payment of your bill. This convenient service offers an easy way to pay your monthly utility bill with no check to write, no payment to mail and assurance that your bill will always be paid in a timely manner. With the bank draft program, your bank account will be automatically drafted monthly for the amount of your utility bill. To help you keep track of this transaction, we will send you a bill at the beginning of each month indicating that we will draft your bank account on or after the 15th of that month. **After enrolling, the ACH Process will take effect in a month or two. You will know when it is set up as your bill will say "DO NOT PAY – PAID BY DRAFT". Please continue to pay as usual until you see that on your bill.**

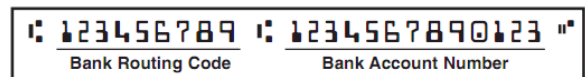


If you are interested in the Bank Draft Program, simply complete the Bank Draft Authorization form below and return it **ALONG WITH A VOIDED CHECK** to our office:

**City of Olean Clerk's Office
 Olean Municipal Building, Room 112
 101 East State Street
 PO Box 668
 Olean, NY 14760**

CITY OF OLEAN BANK DRAFT AUTHORIZATION FORM

Enter your *Bank Routing Code* and *Bank Account Number* from the bottom of your check (as shown here) on the Bank Draft Authorization Form below.



I authorize the City of Olean to begin making monthly deductions from my checking or savings account for payment of my City water/sewer service. This authority will remain in effect until I notify the City of Olean in writing to cancel it in such time as to afford the City of Olean and financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying the City of Olean three days before my account is charged.

Name (Full): _____ **Utility Account Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **E-Mail:** _____

Bank Name: _____ **Bank Telephone Number:** () - _____

Bank Routing Code: _____ **Bank Account Number:** _____

Bank Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name(s) as shown on this account: _____ **Checking** **Savings**

X _____ **X** _____
Signature of Applicant **Date** **Signature of Co-applicant (if necessary)**

OFFICE USE ONLY

DATE RECEIVED: _____ **RECEIVED BY:** _____ **DATE ENTERED:** _____ **ENTERED BY:** _____

The City of Olean Water Department also offers paperless billing. Visit www.cityofolean.org/dpw/gogreen.html for details or check here to sign up.

Yes, sign me up for paperless billing!