



CITY OF ASTORIA  
 Water/Sewer Department  
 1095 Duane Street  
 Astoria, OR 97103  
 (503) 338-5172  
 (503) 338-6630 - Fax  
 www.astoria.or.us

For Official Use Only:

Cycle: \_\_\_\_\_

Received: \_\_\_\_\_

City of Astoria  
 Water/Sewer Department  
 E-Z Pay Program

How does it work?

Bi-monthly, you will receive your water bill showing the amount due and the due date. *On the 8<sup>th</sup> day of the month following the billing*, the amount due will be deducted from your checking or saving account and transferred to the City of Astoria.

The City of Astoria Water/Sewer Department reserves the right to deny or cancel participation in the E-Z Pay Program.

To participate, please complete this form and return it to the City of Astoria Water/Sewer Department at the address listed below.

**PLEASE NOTE a test run must be conducted before the automatic withdrawals can begin. Therefore, please continue to make payment by check, cash, money order or credit card until you read the following statement**

**CITY OF ASTORIA**  
 Water/Sewer Department  
**EZ PAY PROGRAM APPLICATION**

\_\_\_\_\_  
 Customer Name *(Please Print)*

\_\_\_\_\_  
 Customer Phone Number

\_\_\_\_\_  
 Service Street Address *(as it appears on your bill)*

\_\_\_\_\_  
 Astoria, OR 97103

Utility Account #: \_\_\_\_\_

***I authorize the City of Astoria Utility Department to request deductions from my account and the financial institution below to transfer payment in the amount of my bi-monthly utility bill to the City of Astoria from my:***

\_\_\_\_\_ Checking Acct\*

\_\_\_\_\_ Savings Acct

**\* PLEASE INCLUDE A VOIDED BLANK CHECK FOR CHECKING WITHDRAWAL**

\_\_\_\_\_  
 Bank Name

\_\_\_\_\_  
 Name(s) on the Account

\_\_\_\_\_  
 Bank Routing Number

\_\_\_\_\_  
 Bank Account Number

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

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