



City of Warrensburg Automatic Bill Payment (ABP) Option – Sewer Utility Service

The City of Warrensburg is pleased to offer a free payment option that will save you time and money by not having to write and mail a separate check.

Here’s how ABP works. You authorize the monthly payment to be made from your checking or savings account (payment can be made from most banks within the U.S.) or be charged to your credit or debit card. Payments will be made automatically every month ON THE BILL DUE DATE & MAY VARY BY ACCOUNT NUMBER. You will still receive a monthly bill from the City of Warrensburg showing the charges to your account. If payment cannot be processed because of insufficient funds, a closed account or invalid card information we will assess a service charge.

Customers are responsible for updating any account/card change information (expiration date/new card)

To take advantage of this free service simply complete this authorization form & mail it or drop it by our office with a voided check, savings deposit slip, or a photocopy of your credit or debit card.

Please continue to pay your bill until your statement indicates the ABP option has started.

Required Information to Process Your Request

PLEASE PRINT CLEARLY

Name as it appears on your City of Warrensburg Bill

10 Digit City of Warrensburg Sewer Account Number

Service Address for City of Warrensburg Account

Email Address

Home Phone Number

Cell/Alternate Phone Number

DRAFT FROM: CHECKING OR SAVINGS ACCOUNT:

Checking [ ] Savings [ ] (check one)

Name (EXACTLY as it appears on financial institution records)

Name of Financial Institution

Routing Number (9 digit number at bottom of your check)

Checking or Savings Account Number

I authorize the financial institution named above to charge my account and remit payment for my monthly bill to the City of Warrensburg. This authority will remain in effect until I give written notification, satisfactory to the City of Warrensburg, to terminate this authorization.

Financial Account Holder Signature Date

Financial Account Holder Signature Date

DRAFT FROM CREDIT OR DEBIT CARD:

Visa [ ] Master Card [ ] Discover [ ] (check one)

Name (EXACTLY as it appears on credit card)

Billing Address (EXACTLY as it appears on credit card records)

Credit Card Account Number

Expiration Date

I authorize the City of Warrensburg to charge the full amount of my monthly bill to the specified credit/debit card. This authority will remain in effect until I give written notification, satisfactory to the City of Warrensburg, to terminate this authorization.

Credit/Debit Card Holder Signature

Date

Mail or drop form by our office at City of Warrensburg 102 S Holden St Warrensburg, MO 64093

DON'T FORGET

VOIDED CHECK/SAVINGS DEPOSIT SLIP/PHOTOCOPY OF CREDIT/DEBIT CARD AUTO PAY WILL NOT BE SET UP WITHOUT DOCUMENT