



City of Derby Water Department
Paperless Billing Form/Automatic Debit Authorization
(Select one or both options)

Paperless Billing Authorization

I authorize the City of Derby to electronically deliver my monthly utility bill to the above email address. I understand that it is my responsibility to contact the City if I do not receive my bill by the billing date each month. If a payment is received after the due date, penalties will apply. Billing statements will be delivered only via e-mail until I cancel the paperless billing option in writing. I understand that the Derby News monthly newsletter will be sent to me in a separate email from city staff.

Automatic Debit Authorization

I authorize the City of Derby to charge my checking account to pay my monthly utility bill. I understand the payment due will be withdrawn from my checking account on the due date each month. *Account must be at a zero balance before this form will be approved. Voided check must be attached.*

Address _____

Email Address _____

Name on Account _____ **Water Account #** _____

Signature _____ **Date** _____

Start Date for ACH _____