

BIDDEFORD & SACO WATER COMPANY

UTILITY DIRECT PAYMENT PLAN AND AUTHORIZATION

Now you can pay your water bill from you checking or savings account automatically.

** No checks to write, no envelopes or stamps to buy. **

** It is free, fast and easy. **

Q: HOW DO I SIGN UP?

A: Simply complete and return the attached authorization form and include a voided check.

Q: HOW SOON WILL THE AUTOMATIC PAYMENT PLAN START?

A: The deduction should begin with the next bill for quarterly customers, and within 30 to 60 days for monthly customers. Watch for the phrase "DO NOT PAY" on your bill which will indicate that the direct payment plan is in effect for your account.

Q: WHEN WILL THE PAYMENT BE TRANSFERRED FROM MY CHECKING OR SAVING ACCOUNT?

A: It will be transferred on the date indicated on your bill, which will be at least three weeks after the bill date.

Q: HOW CAN I BE SURE MY BILL HAS BEEN PAID?

A: Your monthly bank statement will clearly reflect the automatic payment.

Q: WHAT IF I CHANGE BANKS OR ACCOUNTS?

A: Simply call us at (207) 282-1543 and request that a new Direct Payment Authorization Form be mailed to you. Then complete and return this new authorization form and include a voided check.

Q: WHAT IF I WANT TO CANCEL THE DIRECT PAYMENT AUTHORIZATION?

A: You can cancel your authorization for automatic payment at any time. Simply notify us in writing regarding the cancellation.

Q: IF I DON'T SIGN UP RIGHT NOW, WILL I BE ABLE TO ENROLL LATER?

A: Yes. Call us at (207) 282-1543 and request that a Direct Payment Authorization Form be mailed to you.

~~~~~**CUT HERE**~~~~~**CUT HERE**~~~~~

Please enroll me in the Biddeford & Saco Water Company's Direct Payment Plan. I authorize the Biddeford & Saco Water Company to collect payment in full of my water bill by initiating a debit entry (deduction) to the bank account shown. I understand that this authorization will continue in force until it is discontinued and that I may discontinue this authorization at any time with my written request.

Name: \_\_\_\_\_ Utility Bill Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Routing #: \_\_\_\_\_

Type of account you want payment to be deducted from: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Your Account #: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to: Biddeford & Saco Water Company, P.O. Box 304, Biddeford, ME 04005-0304. Please include a voided check when you return the form.**