



E-BILL ENROLLMENT FORM

If you encounter any problems, please contact the Utility Billing Center at: 651/255-0971

NOTE: When enrolling for E-billing, all information must be completed in order to verify and secure your identity.

First Name/Last Name: _____

Account Number: _____

Service Address: _____

City/State/Zip: _____

E-Mail Address: _____

Daytime Phone Number: _____

Signature: _____ Date: _____

Want more options? **Go AutoPay.** No checks to write, stamps to buy, or late fees.

For completed **E-Bill** enrollment forms you may fax form to 651-905-0440, or mail or drop off at city hall.

For completed **Auto-Pay** enrollment forms include voided check or deposit slip and either mail to or drop off at city hall.

AUTHORIZATION STATEMENT FOR AUTOMATIC BILL PAYMENT

I hereby authorize the City of Wyoming to make debit entries from my bank account for the payment of my city utility bill on the due date. I understand that this authority will remain fully effective until the City of Wyoming receives written notification of its termination from me or my authorized agent, and is provided a reasonable opportunity to act upon this notice. I have the right to stop payment within seven (7) days of my billing due date but I must notify the City of Wyoming Utility Billing Department of this stop payment request. I also understand that the City of Wyoming reserves the right to terminate this payment plan or my participation in it. A \$25 NSF fee will apply for items returned for nonpayment.

Signature

Date

City Utility Billing Account Number or
Service Address

Name (please print) Daytime Phone Number

Name of Banking Institution

Checking Account **Savings Account**
(Please attach a voided check or
savings account deposit slip)

Mail to: City of Wyoming
PO Box 251250
St. Paul, MN 55125

Want more options? **Go Green.** Receive your utility statement electronically.