

Automatic Bill Payment: Things you should know

- The Automatic Bill Payment Program is a free service.
- You can apply for this program by filling out the authorization form (over) or apply online at www2.seattle.gov/html/citizen/ach/. A voided check is required with your mail-in authorization form.
- Your automatic payment will activate approximately **three weeks** after we receive your authorization agreement. The appearance of "AUTOMATIC PAYMENT" on your bill stub will confirm activation. You should continue to make payments by the due date until you see this proof of activation.
- Automatic payments will be withdrawn from your checking account on the **due date** stated on your utility bill.
- Please review your bills carefully and call **(206) 684-3000** if you have questions or concerns. Any billing errors found will be corrected on the **following** bill. If you do not receive a bill, call to let us know.
- A handling fee will be charged for payments missed due to insufficient funds or accounts that have been closed.

English

If you have questions about the Automatic Bill Payment program and need an interpreter, call (206) 684-3000 for assistance.

Chinese

如果你對自動賬單付款計劃有任何問題並需要翻譯協助，請電 (206) 684-3000。

Korean

자동 전기요금 플랜에 관하여 질문이 있으시거나 통역사가 필요하시면, 전화 (206) 684-3000.

Spanish

Si tiene dudas sobre el programa de Pago de Facturas Automático, y necesita de la ayuda de un intérprete, llame al (206) 684-3000 para solicitar ayuda.

Vietnamese

Nếu quý vị có thắc mắc về chương trình Trả Hóa Đơn Tự Động và cần thông dịch viên, xin gọi số (206) 684-3000 để được giúp đỡ.

Tagalog

Kung mayroong mga katanungan ukol sa programang Automatic Bill Payment at nangangailangan ng tagapagsalin ng salita, tumawag lamang sa telepono (206) 684-3000 para sa tulong.

Somali

Haddii aad wax su'aallo ah qabtid oo ku saabsan barnaamijka Bixinta Biilasha ee Iskii-isuwada oo aad u baahantahay turjubaan, wac (206) 684-3000 si caawimo aad u heshid.

- Two unpaid bills within a six-month period will automatically terminate your participation in this program.
 - To change your bank information, fill out a new authorization form. Be sure to check off "Change of Bank Account Information" at the top of the form.
 - If you move, cancel your Automatic Bill Payment in writing. To participate in this program at a new address, reapply by submitting another authorization form.
- Mailing address:
**Seattle City Light
Account Control
700 5th Avenue, Suite 3200
PO Box 34023
Seattle, WA 98124-4023**

If you have questions about this program, please call **(206) 733-9100**, **(206) 684-3000** or send an e-mail to respond.scl@seattle.gov



Seattle City Light

700 5th Avenue, Suite 3200
PO Box 34023
Seattle, WA 98124-4023
Customer Service Center (206) 684-3000
Out-of-Area Calls Only (800) 862-1181
www.seattle.gov/light

Automatic Bill Payment

For Residential and Commercial Customers



Seattle City Light
Seattle Public Utilities

Automatic Bill Payment Authorization Agreement

Utility Account Information

Application: New Change of Bank Account Information

Name as **shown on utility account** _____

Mailing Address (include unit #, city, state, zip code) _____

Daytime Telephone Number (include Area Code) _____

Account Numbers:

Seattle City Light: 1- _____ - _____ Seattle City Light: 1- _____ - _____

Seattle Public Utilities: 2- _____ - _____ Seattle Public Utilities: 2- _____ - _____

Please list any additional accounts on a separate sheet of paper.

Bank Account Information

This program works with checking accounts only. If you have questions about this guideline, please call us at **(206) 733-9100**.

Type of Account: Personal Business

Name of Financial Institution _____

City and State/Province of your bank branch _____

Payer Name(s) **as shown on check** _____

I hereby authorize the City of Seattle to automatically withdraw funds from the bank account and financial institution identified above and accept such withdrawals initiated by the City of Seattle for payment on my utility account(s) specified on this form. Once approved, my participation in the City of Seattle's Automatic Bill Payment Program will remain in force until cancelled by **written notification** or upon the closing of my utility account(s). I understand that cancellation instructions may take several days to implement and that authorized withdrawals from my bank may occur prior to cancellation of my participation in the Automatic Bill Payment Program.

I understand and agree to the City of Seattle Automatic Bill Payment policies and procedures.

Customer Signature: _____ Date: _____

Please attach a voided check (no deposit slips). Mail to:
Seattle City Light, Account Control, 700 5th Avenue, Suite 3200, PO Box 34023, Seattle, WA 98124-4023

For Office Use Only

SCL Cycle _____ SPU Cycle _____

Bank Account Change

New Account Number _____

Bank Account Change

New Account Number _____

Bank Account Change

New Account Number _____

Date _____

Batch Number _____