



Utility Department Rapid Pay Application

Billing Cycle _____

Please complete the following email, mail, or return to:
City of Kelso * P.O. Box 819 Kelso, WA 98626
UTILITIES@KELSO.GOV

360-578-7915 (p)
360-425-9807 (f)

Rapid Pay Program

Why use it?

- Save on postage.
- Save time writing checks.
- Decrease the chance your check will become lost or stolen in transit.
- Know that your bill is paid on time.

PLEASE PRINT LEGABILLY

First Name	Middle Initial	Last Name

Please note utility account holder must be on the checking/savings account and name listed on the check.

Service Address <i>(AS IT APPEARS ON YOUR BILL)</i>

City/State/Zip	Phone

Kelso Utility Account Number <i>(AS IT APPEARS ON YOUR BILL)</i>

Bank Name	Bank Account Number

Please indicate which type of account the funds will be withdrawn:

_____ Checking Account	_____ Savings Account
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Please list the name(s) on the bank account:

_____	_____
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More information on other side



How does it work?


Bi monthly, you will receive your water bill, showing the amount due and the due date. On the payment due date, the amount due will be deducted from your checking or savings account and transferred by your bank to the City of Kelso.

It may take up to two months for changes to become effective. Please continue paying your bill until you see a message on your bill that the program is in effect for you. The message will say:

"PAID BY DRAFT" WILL BE LISTED UNDER THE "DELINQUENT ON" BOX NEXT TO THE DUE DATE.

EXAMPLE:

ACCOUNT NUMBER	AMOUNT DUE
12-34567-89	\$123.45
DUE DATE	DELINQUENT ON
2/1/2024	PAID BY DRAFT
SERVICE ADDRESS	CYCLE
123 DAY DR	3



Please include a blank voided check or bank imprint bank information with routing and account number. This information is required for participation.

Depending on when the Rapid Pay application is received, it may take **up to 1-2 full billing cycles to take effect. The bill **WILL NOT** be deducted unless **"PAID BY DRAFT"** is stated in the **"Delinquent On"** date box at the top right corner of the billing statement. **Please ask any questions you may have prior to submitting application and initial here _____.**

Please keep in mind The City of Kelso Utility Department reserves the right to deny or cancel participation in the Rapid Pay program.

I authorize the City of Kelso Utility Department to request deductions from my account and the financial institution above to transfer payment in the amount of my bimonthly utility bill to the City of Kelso.

Authorized Signature

Date