

Utility Billing

1201 N. Western Avenue
P.O. Box 7401
Sioux Falls, SD 57117-7401
Phone: 605-367-8131
Fax: 605-367-7341

Hours and Other Information:

8 a.m. to 5 p.m., Monday through Friday,
except holidays.

After hours, weekends, and
holidays, please call
605-367-8805 for assistance.

**Please visit www.siouxfalls.org
to learn more about:**

- Online account access
- Paperless billing
- Utility rates and charges
- Water quality
- Water conservation

**Save Time and
Money...**

**with the
Sioux Falls Utilities
Automated Bill
Payment Plan**



**CITY OF SIOUX FALLS
PUBLIC WORKS**
Providing a Better Quality of Life for You!

Here's how the Automated Bill Payment Plan works:

Each billing period you will receive your water/sewer bill as usual. If you have a question about your bill, just call the Billing Office within ten days of the bill date. Then on the due date of your bill, your financial institution will automatically deduct your payment from your checking or savings account. Proof of payment will appear on your bank statement.

FOR YOUR RECORDS

On _____
(date)

I authorized _____
(name of bank)

to pay and to charge to my account the amount of any Automated Bill Payment drawn on my account by and payable to the order of Sioux Falls Utilities. I also agreed to the terms listed.

Automated Bill Payment benefits you:

Saves money

- No checks, no stamps

Saves time

- No writing checks or trips to the Post Office or Utility Office

Accurate and reliable

- No lost or delayed payments in the mail
- Payments are made on the due date and are never late
- Bills are paid automatically, even when you are out of town

The Sioux Falls Utilities offers the Automated Bill Payment Plan free of charge. To sign up, simply complete the attached authorization form and return it with a VOIDED UNSIGNED check from your financial institution.

Within two billing cycles, you will see a message on your bill alerting you that the Automated Bill Payment Plan is in effect. Until then, please continue to pay your bill as usual.

Please keep this portion for your records

Name _____ Date _____

Service Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Sioux Falls Utilities Account Number _____

I authorize Sioux Falls Utilities and the financial institution named herein to initiate variable entries to my checking/savings account. This authority will remain in effect until I notify Sioux Falls Utilities or the financial institution in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act.

Also, I agree that I remain obligated to pay for utility services in the event that a charge to my bank account is dishonored, for whatever reason, and the Sioux Falls Utilities retains its normal collection rights. There is a \$20 fee for all items returned unpaid.

Name of financial institution _____

Financial institution address _____

City _____ State _____ Zip _____

Checking or savings account number _____

Signature _____ Signature _____

Note: If account is in two names, both signatures are required.

Complete this form and return it to the Sioux Falls Utilities with a VOIDED UNSIGNED check.

Mail to: Sioux Falls Utilities
1201 North Western Avenue, P. O. Box 7401
Sioux Falls, SD 57117-7401
If you have questions, call 367-8131