



Office of Treasurer
Smart Pay

Electronic Debit Authorization for Utility Bills

DEBORAH B. ROBINSON
P. O. Box 251
Yorktown VA 23690
(757)890-3420
Fax (757)890-3439
treas@yorkcounty.gov
yorkcounty.gov/treasurer

Customer Number -
Name(s)
Service Address
Mailing Address
Home Phone Number () -
Work Phone Number () - () -
Fax Number (optional) () - () -
Email Address (optional)
Financial Institution
Bank Account Number
Withdraw from [] Checking (Attach a voided check bearing the bank account number above)
[] Savings (Attach a voided deposit slip with the bank account number)

AUTHORIZATION AGREEMENT

I authorize the Financial Institution listed above to accept automatic payment requests from the County of York, Virginia and post them to my account.
I am aware that my account will be debited on the date the Utility bill is due, and that I will still continue to receive a copy of my bill for my records.
I understand that, if at any time, I decide to withdraw this authorization, I need only to notify the County of York in writing 4 business days prior to the scheduled debit.
I also understand that if I change or close the account at the financial institution listed above, I must immediately contact the County of York Treasurer's Office.
I understand and agree that any mistake or failure of the Financial Institution to pay utilities to the County of York, as specified in this agreement, or amendments thereto, including penalty as applicable, will remain the responsibility of the undersigned.
I understand and agree that I am responsible for and will pay a return item fee of thirty-five dollars (\$35.00) which will be assessed for each debit that is returned to the County as a "Return Item" for reasons of "Insufficient Funds" or "Account Closed".
I have read and understand the rights and obligations outlined in this agreement.

Signature(s)
Date