

Utility Department Rapid Pay Application

Please complete the following and return to: City of Kelso * PO Box 819 * Kelso, WA 98626 utilities@kelso.gov 360-578-7915 (p) 360-425-9807 (f)

First Name	Middle Initial	Last Name (PLEASE PRI	NT)
Service Address (AS IT APPEARS	ON YOUR BILL)		
City/State/Zip		Phone	
Kelso Utility Account Number	(AS IT APPEARS ON	YOUR BILL)	
, , , , , , , , , , , , , , , , , , , ,	,		
Bank Name		Bank Account Number	
Dalik Ivallie		Bank Account Number	
Please indicate which type of ac	count the funds w	vill be withdrawn:	
i lease maleate which type of ac	bootile tile railes v	in be withdrawn.	
Checking Account		Savings Account	
Please list the name(s) on the b	ank account:		
Please Note: Utility account holder m	ust be on checking/sa	rings account.	
Please include a voided check or bank	k imprint bank inforr	nation with routing and account numb	er. This
information is required for participation	<mark>on.</mark>		
	•	deductions from my account and the bimonthly utility bill to the City of Ke	
**Depending on when the Rapid Pay effect. The bill WILL NOT be deduct bill. Please ask any questions you Initial here	ed unless "PAID BY	<u> </u>	
Authorized Signa	nture		

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 you bill is paid on time

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 LISTEED ON DUE DATE PORTION OF THE BILL

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