

**City of Columbia**  
**EasyPay Application**

Please sign me up for the EasyPay Program. I have read this entire form. By completing this form and sending it to the City of Columbia, I agree to the following:

1. The City of Columbia and my bank both reserve the right to terminate my participation in this program at anytime.
2. ***I will continue to receive a water bill giving usage and debit details. I will continue to examine my water bill statement when I receive it. A notification will be printed on my statement indicating the approximate date and amount that will be drafted from my bank account. My payment date may vary based on my bank's business date.*** If my statement indicates that the draft will not be made for some reason, I will either make the payment myself or contact the City of Columbia Payment Center Division to investigate the reason for non-payment.
3. If I wish to discontinue my participation in the program or change any banking information, I will notify the City of Columbia Payment Center Division at least fifteen (15) days prior to any pending draft. If I do not notify the City of Columbia Payment Center Division of any changes at least fifteen (15) days prior to a pending draft, the City of Columbia will not guarantee that the change or cancellation will be made before the draft. Any consequences suffered by the customer due to the customer not giving timely notice will not be the responsibility of the City of Columbia.
4. I authorize the City of Columbia to initiate variable credits/debits to my checking/savings account identified on this application for payment of my water bills. I further authorize such bank to debit/credit the same to such account. This authorization remains in effect until appropriately revoked as stated above.
5. A voided check from the appropriate bank account must be attach and the form must be sign below for the City of Columbia to process this application.
6. The name on the water account must match the name on the applicable bank account. If it does not, please contact our Customer Care Division at 803-545-3300 or a city representative may contact you for clarification.
7. If you were previously disqualified from this program, you may automatically be disqualified again as stated in #1 above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail Back to: City of Columbia Payment Center, PO Box 147, Columbia, SC 29217-0001

For any questions or changes, please contact the City of Columbia Payment Center at  
(803) 545-3489 or email: PC\_Backoffice@columbiasc.gov

Customer Information					
▲ Water Account Number ▲		▲ Telephone Number ▲		▲ Maximum Bank Draft Limit ▲	
▲ Service Address ▲			▲ Mailing Address (if different) ▲		
Banking Information					
		<input type="checkbox"/> Checking <u>or</u> <input type="checkbox"/> Savings			
▲ Bank Account # ▲		▲ Transit / ABA # ▲			
▲ Bank Name ▲			▲ Bank Address ▲		
COC Office Use Only	Entry Date		Initials		Max Limit
<b>Please sign above and attach a voided check from appropriate bank account.</b>					

(Do not forget to attach a voided check.)