



Utility Billing Direct Payment Form

265 Strand St, St. Helens, OR 97051 | 503-397-6272 | www.sthelensoregon.gov

Completion of this form authorizes regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the payment due date specified on your utility statement. Proof of payment will appear with your following utility statement. The City of St. Helens reserves the right to deny or cancel participation in the Direct Debit plan. Your participation in this plan will remain in effect until the City receives notification in writing to cancel future payments.

Forms can be mailed to the address above or emailed to the Utility Billing Office. Direct emails can be found on the city's website under Departments > Utilities

Customer Name: _____ Account Number: _____

Service Address: _____

Financial Institution: _____ Institution Phone: _____

Name(s) on Account: _____

Routing Number: _____ Account Number: _____

What Type of Account: Checking Account: _____ Savings Account: _____

Authorized Signature: _____ Date: _____

Authorized Signature _____ Date: _____

*** PLEASE INCLUDE A COPY OF A VOIDED CHECK WITH THIS FORM ***

STAFF USE ONLY

Received By: _____

Entered Date: _____