

# UTILITY START SERVICE APPLICATION



**\*Photo ID is Required with this Application\***

\*By submitting a phone number and an e-mail address, the City can notify you quickly in case of emergency or problem at your home or in your neighborhood.

<b>TODAY'S DATE</b>		<b>UTILITIES</b>	
		WATER	SEWER
<b>APPLICANT FULL NAME</b>		*	
		OWNER <input type="checkbox"/>	RENTER <input type="checkbox"/>
<b>SERVICE ADDRESS</b>			
<b>MAILING ADDRESS (If different from above)</b>			
<b>START SERVICE DATE (Monday-Friday)</b>	<b>PHONE NUMBER</b>	<b>EMAIL ADDRESS</b>	

**Start service Monday through Friday only.**

I/We affirm that all information on this application is true and correct. I/We will assume the full responsibility of all financial obligations at the above service address until I/We have notified the City in writing to discontinue service. I/We have been informed that in the event of a non-payment for any of the above-referenced utility services, the City of Carver may assess said unpaid charges, penalties, and fees against the real property so served pursuant to Carver Code or Ordinance, Chapter 2. The City of Carver shall assess said unpaid charges by certifying the amount to the Carver County Auditor for collection as a real property tax.

**I hereby promise to pay all bills for service when due, and understand there is a monthly late payment charge on all unpaid balances.**

Owner(s) Signature

Date

**Payment Options**

Cash, Check, Money Order, or Online Bill Pay via our website [www.cityofcarver.com](http://www.cityofcarver.com), or Direct Payment Plan.

Complete the next page to enroll in Direct Payment Plan.

**Return completed application to: City of Carver / PO Box 147 / Carver, MN 55315 / or email: Utility Billing Clerk at: [befta@cityofcarver.com](mailto:befta@cityofcarver.com)**

**Direct Payment Plan:** payments are automatically withdrawn from your checking account on the due date, the 20<sup>th</sup> of every month.

**Please Complete the Sections Below to Enroll in the Direct Payment Plan**

316 Broadway ♦ PO Box 147 ♦ Carver, Minnesota 55315 ♦ Phone 952.448.5353

**DIRECT PAYMENT PLAN AUTHORIZATION FORM**  
(required for monthly billing and/or automatic payment)

- Please enroll me in the City of Carver's automatic payment program. I authorize the City of Carver to collect payment of my utility bill by initiating debit entries (deductions) to the bank accounts shown on the voided check (required).
- Payments will be deducted from my bank account on the due date listed on the utility bill, or the first business day thereafter if the due date falls on a weekend or holiday.
- I understand that this authorization will continue unless disconnected at my written request.

**Banking Information**

Name(s) on Bank Account:

Name of Financial Institution:

Branch/ State:

Checking Account Number:

Financial Institution Routing Number:

(located between the symbols **I: I:** on the bottom left of your check)

**\*\*Attach a Voided Check to this form- No Deposit Slips\*\***  
(Required for Automatic Payment- Voided Check- No Deposit Slips)

Utility Billing: 952-448-8729

Website: [www.cityofcarver.com](http://www.cityofcarver.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing this form, you authorize the automatic payment services as outlined above.