



## City of East Helena

Utility Services Department

306 East Main Street / PO Box 1170

East Helena, Montana 59635

Phone (406) 227-5321 FAX (406) 227-5456

### Email Billing and (ACH) Debit Availability

Starting in December 2020, the City of East Helena will offer e-billing and bill-pay by automated clearing house (ACH) debit to utility customers. E-billing allows customers to receive their monthly bills by email. Customers can choose to receive their bill via email only or both email and mailed postcard. ACH debit allows utility bill customers to have their monthly bill automatically debited through their bank account on the 10<sup>th</sup> of each month.

#### Guidelines for utility bill email billing:

- Email billing customers must complete an E-Billing/ACH form. (Available below or in fillable PDF format at [easthelenamt.us/ebillachform.pdf](http://easthelenamt.us/ebillachform.pdf))
- Mailed postcards and email bills are sent out near the first of the month for services provided the previous month.
- Email address changes must be submitted using the E-Billing/ACH form by the 25<sup>th</sup> of the month.
- An E-Billing/ACH form must be submitted to cancel email billing services.

#### Guidelines for utility bill automated clearing house (ACH) bank account debit:

- Automatic bank account (ACH) debit customers must complete an E-Billing/ACH Form.
- Mailed postcards and email bills are sent out near the first of the month for services provided the previous month.
- Any disputes or questions regarding the bill need to be addressed with the City of East Helena by the 7<sup>th</sup> of the month.
- Automated clearing house (ACH) debits will take place on the 10<sup>th</sup> of each month (or the next business day if the 10<sup>th</sup> lands on a weekend or holiday) for the entire amount owed.
- Any account that does not have the required funds available will be charged a \$25.00 NSF fee.
- Changes to bank account or cancellation must be submitted using the E-Billing/ACH Form.

To initiate utility E-Billing or ACH debit, please complete the attached form and return it to:

In Person:

City of East Helena

306 E. Main Street

East Helena

M-F 8 a.m. to 5 p.m.

By Mail:

City of East Helena

PO Box 1170

East Helena, MT 59635

By Email:

cityclerk@easthelenamt.us



**City of East Helena**  
**ACH Authorization/Revocation Form**  
**Email Billing Authorization/Revocation Form**  
**Utility Services Department**  
**306 East Main Street / PO Box 1170**  
**East Helena, Montana 59635**  
**Phone (406) 227-5321 FAX (406) 227-5456**

**CUSTOMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS) FOR EAST HELENA UTILITY BILLS**

Direct payment via ACH is the transfer of funds from a customer’s bank account for the purpose of making a payment. I (we) authorize the City of East Helena to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

- Select One:             Initiate checking ACH payments  
                                Initiate savings ACH payments  
                                Cancel ACH payments

from the customer’s financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with applicable law.

Depository Name \_\_\_\_\_ (or attach a cancelled check)  
 Routing Number \_\_\_\_\_ (or attach a cancelled check)  
 Account Number \_\_\_\_\_ (or attach a cancelled check)

Bills are sent out near the first of the month for the previous month’s services. Any utility bill disputes must be resolved by the 7<sup>th</sup> of the month. The amount of the current utility bill will be debited on the 10<sup>th</sup> of the month. If the 10<sup>th</sup> lands on a weekend or holiday, the debit will occur on the following business day.

I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of East Helena in writing that I (we) wish to revoke this authorization. I understand that the City of East Helena requires notice of revocation by the 25<sup>th</sup> day of the month for ACH debits to cease.

**SERVICE ADDRESS** \_\_\_\_\_, East Helena, MT

**Account #** \_\_\_\_\_

**Owner’s name** \_\_\_\_\_

**Owner’s phone #** \_\_\_\_\_ **phone #** \_\_\_\_\_

**Owner’s email address** \_\_\_\_\_

- I (we) would like to receive my (our) bill by email.  
 I (we) would like to receive my (our) paper bill by regular mail.

**Customer Name(s) (printed):** \_\_\_\_\_  
 \_\_\_\_\_

**Customer Signature(s):** \_\_\_\_\_ **Date** \_\_\_\_\_  
 \_\_\_\_\_ **Date** \_\_\_\_\_

This completed form must be faxed, mailed, emailed, or hand delivered to the City Clerk’s Office in City Hall.

For more information please read [easthelenamt.us/ebillachinfo.pdf](http://easthelenamt.us/ebillachinfo.pdf)

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Form Version 20201102