

CITY OF HARRISONBURG
APPLICATION FOR UTILITY SERVICES

2155 Beery Rd
Harrisonburg, VA 22801
540-434-9959
540-434-9769 fax



**** FOR OFFICE USE ONLY ****

CID#: _____
UTILITY ACCOUNT#: _____
DEPOSIT PAID \$ _____ CK# _____ CASH
LANDLORD Y or N

Residents requiring water, sewer, and trash service may complete this application online and forward it to the City of Harrisonburg, Public Utilities at the above address or submit via email to WaterService@harrisonburgva.gov. All applications must be submitted along with a letter of credit or security deposit, which will be applied to your account upon receipt of (12) twelve consecutive on-time payments, or refunded upon account closure, (we reserve the right to apply deposit as final payment). The City of Harrisonburg does not pay interest on deposits.

SERVICE ADDRESS: _____ SERVICE START DATE: _____

MAILING ADDRESS: _____
(If different than service address) CITY STATE ZIP

CUSTOMER 1: _____
LAST FIRST MI FULL SOCIAL SECURITY

DL / IDENTIFICATION NUMBER STATE / ID TYPE PHONE NUMBER DATE OF BIRTH

Check One: **OWNER** **TENANT** **LANDLORD**

EMAIL ADDRESS (CUSTOMER 1): _____

CUSTOMER 2: _____
LAST FIRST MI FULL SOCIAL SECURITY

DL / IDENTIFICATION NUMBER STATE / ID TYPE PHONE NUMBER DATE OF BIRTH

Check One: **OWNER** **TENANT** **LANDLORD**

EMAIL ADDRESS (CUSTOMER 2): _____

UDAP#: _____

FOR INTERNET / ONLINE PAYMENT OPTION AND AUTOMATIC PAYMENT DRAFT:

YES, I consent to enroll in the following: (CHECK ALL THAT APPLY)

eBill / PAPERLESS BILLING to receive a pdf of bill via email; notification will be placed on bill;

Text message alerts Citywide; Note: information is not shared or sold; City Business Use Only!

EFT / ACH / AUTOMATIC PAYMENT DRAFT from: CHECKING SAVINGS

- AUTOMATIC PAYMENT DRAFT, CHANGES, OR UPDATES WILL NOT TAKE PLACE UNTIL THE SECOND BILLING CYCLE;**
- VOIDED CHECK OR OFFICIAL BANKING INFORMATION REQUIRED;**
- ACH CANCELLATION REQUIRES NOTICE 10 DAYS IN ADVANCE.**

The City retains the right to remove a customer from ACH/EFT for just cause in accordance with City Code sec. 7-1-9.

ROUTING NUMBER: _____ BANK ACCOUNT NUMBER: _____

Initial deposit withdrawn by eCheck for a fee of one dollar (\$1.00)

Pursuant to City Code sec. 7-1-9, in the event a payment is returned for any reason, a return fee will be charged to the account as provided in section 4-1-37. The next bill will serve as official notice of discontinuance of services, if applicable. Should the initial deposit required during account opening be returned, the customer shall have one (1) business day to reimburse the city for the balance due and the return fee before discontinuance of service.

The undersigned agrees and recognizes that by signature they enter into contract bound by City Ordinance Title 7 Chapters 1-5 and are obligated to make monthly payments in full to avoid interruption in utility services. In addition, I agree to be responsible for collection and legal costs associated with pursuit of any delinquent account understanding that providing a forwarding address upon termination of service may avoid the above costs. I hereby consent to the jurisdiction of the courts of Rockingham County on any action filed against me for the collection of my account.

SIGNATURE CUSTOMER 1: _____ Date: _____

SIGNATURE CUSTOMER 2: _____ Date: _____