



City of Victoria
 PO Box 36
 Victoria, MN 55386
 Phone 952-443-4210
 Fax 952-443-2110
www.ci.victoria.mn.us

APPLICATION FOR UTILITY SERVICES

Service Address: _____

Owner Renter

Closing Date: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I would like to enroll in:

- Paper Statement** All accounts are defaulted to this option if no other selection is chosen.
- Automatic Payment Complete Section on reverse.** Payments are automatically withdrawn from your checking or savings account on the due date.
- Electronic Statement & Automatic Payment Complete Section on reverse and provide email address.** Electronic billing statement is available to account holders who are enrolled in the City of Victoria automatic payment service

In consideration of the City of Victoria providing utility services of water, sewer, and storm water, the undersigned being the owner(s) and/or renter(s) of the real property listed above, affirms that all information on this application is true and correct. I/We will assume the full responsibility of all financial obligations at the above address. I/We have been informed that in the event of non-payment for any of the above-referenced utility services, the City of Victoria may assess said unpaid charges, penalties, and fees against the real property so served pursuant to Victoria Code of Ordinances, Chapter 26. The City of Victoria shall assess said unpaid charges by certifying the amount to the Carver County Auditor for collection as a real property tax.

Please be aware that if the prior owner of your property leaves an unpaid balance, this amount will be assessed to the property for collection with taxes. To avoid this, please contact your title company to verify that the final balance will be paid. You may contact the City to verify payment has been made.

This application will remain in effect until I/we have notified the City in writing to discontinue service. I/We agree to comply with the City Ordinances that govern the use of these utilities.

I/We agree to permit the authorized agents of the City free access to premises for the purpose of inspection, repair, replacement or service to the water meter and its components as needed.

Signature of Owner(s)

Date

Printed Name(s)

Signature of Renter(s)

Date

Printed Name(s)

Service Address: _____

AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

I hereby authorize the City of Victoria and the financial institution named below to make debit entries from my bank account for the payment of my City utility bill. I understand that this authority will remain fully effective until I cancel my authorization by calling (651) 255-0923 or by sending a written notice, providing the City a reasonable opportunity to act upon my notice. I have the right to stop payment within seven (7) days of my billing due date, but I must notify the City of Victoria Utility Billing Department of this stop payment request. I understand that the City of Victoria reserves the right to terminate this payment plan or my participation in it. A \$30 NSF fee will apply for items returned for non-payment.

Signature _____ Date _____

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

Name(s) on Bank Account _____

Name of Financial Institution _____

Checking Account Number _____

Savings Account Number _____

Financial Institution Routing Number* _____

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

PLEASE ATTACH VOIDED CHECK