

VILLAGE OF SHICKLEY

UTILITY APPLICATION

Application is hereby made to the Village clerk of Shickley, Nebraska, by:

Name _____

Mailing Address _____

Phone Number _____

Cell Phone Number _____ E-mail Address _____

LOCATION OF RESIDENCE OR BUSINESS FOR WHICH DESIRED UTILITIES ARE REQUESTED:

Service address _____
(please circle) Rental Property or Owner Occupied

Owner of Property _____

(rental property owner)

Phone Number of property owner _____

DATE DESIRED FOR USE OF UTILITIES _____

UTILITIES DESIRED FOR USE:

WATER, SEWER & GARBAGE _____
ELECTRICITY _____

Residential customers must have water, sewer & garbage as a package deal. Commercial customers must contract separately with the garbage hauler of your choice and will not have a garbage charge from the Village. You will be billed by the garbage hauler if you choose to use their commercial services.

APPLICABLE CUSTOMER METER DEPOSIT:

RENTER/OWNER -- \$200.00 _____

The required fees shall be paid to the Village Clerk at the time application for services is made. No utility service connection will be made until any PAST DUE utility account of the applicant with the Village of Shickley is paid in full.

Date: _____

Applicants Signature _____

Applicants Signature _____

Payment for service can be made by Automatic Bank Withdrawal if you desire. If you choose this service, you will be billed the first of the month and payment will be withdrawn from your bank account on either the 5th or the 15th of the month. You may choose either of these dates that works best for you.

_____ I would like payment made automatically from my bank account and have completed the forms to do so.

I would like payments withdrawn on the 5th 15th of each month. (Circle one)

_____ I would not like payment to be made automatically.

_____ I would like to sign up for paperless billing

(For use of Village Officials only)

Date application received _____ . Date fees paid _____

AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Village of Shickley hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit, if necessary, credit, the same to such account. These transactions are for monthly utility payments from my (our) account for the payment of utility bills for electricity, water, sewer and garbage charges.

Account Information:

Name of Bank _____

Routing # _____

Account # _____

Checking Account _____ or Savings Account _____

This authority is to remain in full force and effect until the Village of Shickley has received written notification from me (or either of us) of its termination in such time and manner as to afford The Village of Shickley and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name

Print Individual Name (If a joint account)

Signature

Signature

Date

PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM

Village of Shickley
102 N Market
PO Box 25
Shickley, NE 68436

Phone: 402-627-7885
Fax: 402-627-2085
Email: villageofshickley@yahoo.com
Website: biglittletown.us

Paperless Billing Authorization

Account Name

Account Number

Service Address

Email Address

I authorize the Village of Shickley Utility Department to email my monthly bill. The email will be sent from shickleyvillageoffice@gmail.com and will include a PDF attachment. I agree that it is my responsibility to review the monthly bill for accuracy and notify the Village of any concerns or questions. I further agree to notify the Village of any changes to my mailing address, email address or contact information. Failure to notify the Village timely of any changes or failure to receive the bill does not waive penalties or fees and the account will still be subject for disconnection due to non-payment.

Signature

Date