

PAYMENT OF YOUR BILL

BY MAIL: Please enclose the bottom portion of your bill with your check or money order in the enclosed envelope.

DO NOT MAIL CASH!

IN PERSON: Our office is located at 114 West Sycamore Street, Lincoln. Please bring your bill with you.

NIGHT DEPOSITORY: Drop Box is located in the Drive-Thru lane at City Hall building at 114 West Sycamore Street.

BANK DRAFT: It's easy and free! Fill out the form below and send with a voided check to have your utility bill drafted from your checking or savings account each month.

ONLINE: Go to <https://lincolntonnc.csibillpay.com>. A \$2.75 convenience fee will be charged for processing the transaction.

PAYMENT TERMS

WHEN BILLS ARE DUE: Accounts due and payable upon receipt.

NO SECOND NOTICE WILL BE GIVEN: Contact the Utility Billing Department if you feel your bill is incorrect.

LATE PENALTY ON PAST DUE BILLS: A late fee will be added to any bill that is not paid in full by 5:00 pm on the 20th. The late fee is \$25.00 or five percent (5%) of the total bill, whichever is greater.

DEFAULTS: Accounts not paid in full by 5:00 pm on the 27th are in Default and services may be discontinued at anytime thereafter without notice.

DEFAULT FEES: \$50.00 whether or not services have been disconnected at time account is brought current. \$75.00 if services are restored on weekends, holidays or after 4:30 PM

BALANCE FORWARD: If a previous balance exists, account is considered to be in default.

RETURNED CHECK/DRAFTS: The City or third party agency may charge the maximum allowable fee for such items.

THE CITY OF LINCOLNTON IS NOT RESPONSIBLE FOR US POSTAL SERVICE FAILURE TO DELIVER BILLS.

METER TAMPERING

State and local laws prohibit tampering with service. The City of Lincoln currently imposes a \$200.00 fee for meter tampering plus estimated water or electric usage.

CUSTOMER RIGHTS & RESPONSIBILITIES: A customer who believes there is an error on the billing statement should contact the Utility Billing Department immediately upon receiving the statement. The customer should state the reasons why he/she believes there is an error and provide any supporting documentation.

BUSINESS HOURS ARE MONDAY-FRIDAY 8:30 AM – 5:00 PM
CLOSED WEEKENDS/HOLIDAYS- BUSINESS PHONE 704-736-8980

City of Lincoln Account # _____ Service Address _____

CITY OF LINCOLNTON AUTOMATED DRAFT SERVICE

I (WE) HEREBY AUTHORIZE THE City of Lincoln to initiate debit entries to my (our) checking/savings account indicated below at the depository institution named below. This authorization is to remain in full force and effect until the City of Lincoln has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Lincoln and the depository institution a reasonable opportunity to act on it. If I (we) should change the depository institution, I (we) agree to give the City of Lincoln a 30 day written notification so that steps can be made to change internal procedures.

NAME (s) _____

DEPOSITORY NAME (S) _____

City _____ State _____

Routing Number _____ Account Number _____

(Located at the bottom left side of your check)

(Located at the bottom right side of your check)

PLEASE ATTACH VOIDED CHECK TO THIS ENROLLMENT FORM.

(THIS VOIDED CHECK WILL BE KEPT CONFIDENTIAL.) THIS PROCESS TAKES APPROXIMATELY 60 TO 90 DAYS.

SIGNATURE AND DATE

JOINT CHECKING ACCOUNT REQUIRES BOTH SIGNATURES