



FALLS CITY UTILITIES
APPLICATION FOR UTILITY SERVICE
 2307 BARADA STREET • FALLS CITY NE 68355
 (402) 245-2724 / Ext. 2 • utilities@fallscityne.us

Service Address _____ Date Service Requested _____

Have you had Utilities with Falls City Utility Office in before? Yes No

Are you the property owner? Yes No If No, Landlord Name _____

Residence Business Business Name _____

Customer Name _____ Cell Phone # _____ Last 4 of SS _____ Copy of ID

Secondary Customer Name _____ Cell Phone # _____ Last 4 of SS _____ Copy of ID

Mailing Address _____

City, State, Zip _____

Email Address _____

How would you like to receive your utility bill? Mailed Only Email Only Both

Emergency Contact Name (not in same household) _____ Cell Phone # _____

Employer Name _____ Work Phone # _____

Utility Service Information

- Deposits are kept for a period of two (2) years with monthly utility bill payments being made on or before the 15TH of each month. If one payment is delinquent, the two year period will start again.
- Statements are sent by the 1ST day of each month.
- Payment is due on the 1ST day of the month and is delinquent after 5:00 p.m. on the 15TH day of the month. All balances after 5:00 p.m. on the 15TH day of the month are considered past due and assessed a 5% penalty.
- Payment options: Cash, Checks, Credit Card, Debit Card and Money Orders accepted as payment. Ways to pay: Utility Office, 2307 Barada Street, Hours: Monday through Friday 7:00am - 4:00pm, Drive-up Dropbox, located across from main doors, 2307 Barada Street, Online www.fallscitynebraska.org, through PSN Payment Service Network, 24 hour payment options, by phone, app or computer (fees apply).
- A "Service Disconnect" notice is sent to all past due accounts stating the final date that payment must be made in order to avoid disconnection. Any payment received after 5:00 p.m. of the final due date on the disconnection notice will pay the reconnection fee.
- If a disconnection occurs, reconnection may be made during regular business hours upon payment of the account in full and the standard reconnection charge plus a payment to bring the deposit up to the current deposit requirement. After hours, on weekends and holidays, you may call 402-245-3521; upon payment of the account balance, any deposit and twice the standard reconnection charge amount, service will be restored.
- In the event service is to be disconnected, prior to disconnection, the Utility Office shall have the right to notify the property owner of such action. The property owner shall have the right to transfer the utility account into the owner's name.
- I agree to abide to the terms of service as set forth in the application and all ordinances and policies as set forth by the Board of Public Works and the City of Falls City. I further agree to notify the Utility Office at 402-245-2724 when service is no longer needed.

Signature

Signature

Copy of ID

Copy of ID

Fees

\$ _____ Deposit Electric
 \$ _____ Deposit Water
 \$ _____ Deposit Gas
 \$ _____ Service Fee (Active Utilities)
 \$ _____ Service Fee (Not Active - Connection Required)
 \$ _____ **Total Due**
 Date _____ Initialed _____

Utilities

Electric Water Sewer Gas
 If Utilities are not active, occupant attendance is required for turn on.
 Appt Date _____ Time _____
 Notes _____

ACH Bank Draft

Bank Name _____ Bank Location _____
 Bank Routing Number _____ Bank Account Number _____
 Account Type: Personal Business Checking Savings

Payment will be drafted out of your bank account on the 15th of each month, or the next business day. Cancellation of ACH Bank Draft requires advance written notice.

ACH Bank Draft Disclosure

- This authority is to remain in full force and effect until Falls City Utilities has received written notification from me (or either of us), 30 days prior to termination and in such manner as to afford Falls City Utilities a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the Falls City Utilities prior to receipt of notice termination.
- I (we) further authorize the Falls City Utilities to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto. I (we) authorize the bank to accept and to credit or debit the amount of such entries to my (our) account.
- The undersigned here agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Payment Exchange and the policies of Falls City Utilities as now or hereafter in effect and agrees to be bound thereby.

Signature

Signature

Receipts

Large dashed green box for Receipts.