



Town of Ayden
Customer Utility Service Application
4144 West Avenue
P.O. Box 219 Ayden, NC 28513
Phone: 252-481-5817
Fax: 252-746-7001
billing@ayden.com

NEW SERVICE

Welcome to Ayden! This checklist is provided to help you put together the information needed to set up your utility account. A completed application can be returned by visiting us at Town Hall, 4144 West Avenue, faxed to 252-746-7001, or emailed to billing@ayden.com. It can also be mailed to PO Box 219 Ayden, NC 28513. **Service connection will be delayed if all these documents are not provided.**

ALL DOCUMENTS ARE REQUIRED TO ESTABLISH SERVICE

Completed Town of Ayden Utility Service Application

State or Federal Issue Photo ID for **ALL** applicants

Deposit in the form of cash, check, money order, or credit/debit card (*Deposit decisions are determined by a credit check run by ONLINE INFORMATION SERVICES*)

Voided check or a letter from your bank with your routing and account number, if you are going to participate in bank draft

Proof of Social Security Number for **ALL** applicants. Failure to provide a social security number will require customer deposit.

Proof of Social Security, disability or retirement benefits for disabled or senior citizens requesting special due date

FOR RENTERS: A copy of your signed lease

FOR OWNERS: Intent to Purchase or Settlement Statement

ALL ACCOUNTS MUST BE CURRENT BEFORE SERVICE CAN BE ESTABLISHED

Office hours are 8:30am to 5:00 pm Monday-Friday. We cannot promise same day service.



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YOUR UTILITIES & BILLING AT A GLANCE

Payment options

- **Bank Draft:** FREE! Never have a late fee or penalty again!
- **Online:** Pay on online at www.municipalonlinepayments.com/aydennc.
- **Pay By Phone:** Call 855-537-8290 to pay by phone.
- **Mail:** Mail your payment to P.O. Box 219 Ayden, NC 28513
- **Outdoor Drop Box:** Our drive-up drop box is located in the parking lot at Town Hall. Use the box for check and money orders, **please, no cash.**
- **Pay in Person:** We're open Monday -Friday 8:30am- 5:00pm. We accept cash, check, money orders, VISA, MASTERCARD and AMERICAN EXPRESS.

Due Date, Penalties, Non Payment Collection

- Your due date is printed on your bill.
- A 1% penalty is added to your bill the day after your due date if not paid on the due date.
- A \$25.00 cutoff penalty is added to your bill if ANY balance has not been paid in full 7 days after your due date.
- A \$25 reconnect fee is charged to all accounts cutoff for non-payment and require reconnection.
- If the Town is unable to collect from a closed past due account within 60 days, we will use an outside collection company. Please be advised that these companies report to the 3 credit reporting agencies.
- If the Town must pursue collections for an unpaid balance, we can collect from your North Carolina State Income Tax Refund.

Returned Checks/Drafts

- The Town's returned check/draft fee is \$25.00.
- The Town will contact you at the phone number on the account (please keep your phone numbers current).
 - You will have 48 hours to pay the returned amount plus the \$25.00 fee. If you do not make a payment within the 48 hours, your services **will be** disconnected.
 - A 2nd returned check will make you "cash only", meaning that the Town will only accept cash, money order, cashier's check, or debit card/credit card as types of payments.
 - A 2nd returned draft will get you removed from the bank draft plan and you could be required to pay an additional deposit, due immediately.
 - A returned check for a deposit results in an immediate disconnection without benefit of prior notification.



Town of Ayden

Utility Service Application

Paperless - email me my bill
Mail me my bill to my home.

OFFICIAL USE ONLY	
SS# Verified	_____
Photo ID Verified	_____
Lease/HUD	_____
Deposit Paid	_____
Work Orders	_____
Billing Items	_____
NP Billing Items	_____
Customer Checklist	_____

Date service to be activated: _____

Service Address: _____

Mailing Address: _____

Rent Own

APPLICANT INFORMATION:

NAME: _____

SOCIAL SECURITY# _____

DRIVER'S LICENSE # _____

DATE OF BIRTH: _____

*EMAIL: _____

*PHONE: _____

ALTERNATE PHONE: _____

CO-APPLICANT/CO-SIGNER INFORMATION:

NAME: _____

SOCIAL SECURITY# _____

DRIVER'S LICENSE # _____

DATE OF BIRTH: _____

EMAIL: _____

PHONE: _____

ALTERNATE PHONE: _____

Have you or any other occupant at this address ever had a utility account with the Town?

Yes, please state address: _____

No, please initial: _____

Who was your previous utility provider? _____

Did you leave owing a balance to this utility provider and if so, how much? _____

*Telephone numbers and email addresses are used to communicate with customers and send reminders about payment being due. You acknowledge that by not providing the Town with a valid telephone number and/or email address, your bill will serve as your final notice. This means you will not receive further information regarding late payments or disconnections.

You certify that you are eighteen years of age or older, that the above information is accurate, and that you will be responsible for payment of the entire bill upon termination of service. Additionally, if the Town determines that you or any other occupant at this address owes past due balances to the Town, you/we will be responsible for payment of those balances and any associated fees. You have had an opportunity to review a copy of the Town's cut-off policy and are subject to the Town's Utility Policy as currently in effect. The account is subject to immediate disconnection without notice if the deposit and connect fee is returned for insufficient funds or if the Town discovers delinquent past due balances from prior accounts. You further agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide us. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device as, applicable.

You also authorize the Town of Ayden to perform a credit check to determine if a deposit on your account is required. I/We agree to the terms set forth above.

Signature

Date

Signature Co-Applicant/Co-Signer

Date



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EEOC Data Collection

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the ethnicity, race, and gender of the individual applicants on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino		
American Indian/Alaskan Native		
Asian		
Black/African American		
Native Hawaiian/Pacific Islander		
White		
Gender:	Male	Female