

#### TOWN OF LUCAMA Utilities & Billing

111 S. Main St., P.O. Box 127 Lucama, NC 27851 Phone: 252-239-0560 Fax: 252-239-9707 utility@townoflucama.net

### **NEW SERVICE CHECKLIST**

Welcome to the Town of Lucama! This checklist is provided to help you put together the information needed to set up your utility account. You can visit our office at 111 S. Main Street in Lucama to turn in these documents or they may be faxed to 252-239-9707. You have the other option of emailing your application to utility@townoflucama.net. These can also be mailed to Utilities & Billing, P.O. Box 127, Lucama, NC 27851. Service connection will be delayed if all of these documents are not provided.

## ALL DOCUMENTS ARE REQUIRED TO ESTABLISH SERVICE

Completed Town of Lucama Utility Service Application

State or Federal Issue Photo ID for ALL applicants

Proof of Social Security Number for <u>ALL</u> applicants

Proof of Residency:

FOR RENTERS: A copy of your signed lease FOR OWNERS: Intent to Purchase or Settlement Statement

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

Deposit in the form of cash, check, money order, or credit/debit card

# ALL TOWN OF LUCAMA ACCOUNTS MUST BE CURRENT BEFORE SERVICE CAN BE SET UP

Please be mindful that our building closes at 1:00 p.m. on Friday. Please be in the office no later than 4:00 p.m. to set up new accounts. We DO NOT offer 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: Save time, save gas, save a stamp! Go to https://newolbp.logicshosted.com/TownofLucama/ Login. There is a small convenience fee for this service.

• Mail: P.O. Box 127, Lucama, NC 27851.

• **Outdoor Drop Box:** Want to drop off a payment 24/7, use our drop box for check and money orders, but **not cash**. Look for the drop box in the space between the two glass doors.

• **Pay in Person:** We take cash, check, money order, debit or credit cards at Town Hall. We're open during regular business hours: Monday through Thursday from 9:00 a.m. to 5:00 p.m.; Friday 9:00 a.m. - 1:00 p.m. Please note: if using a card, there is a convenience fee.

#### Due Date, Penalties, Non Payment Collection

• Your due date is the the 10th of each month and is printed on your bill.

• A \$25.00 late penalty is added to your bill at 5:00 p.m. on the 10th of each month if not paid.

• A \$35.00 disconnection penalty is added at 5:00 p.m. to your bill if **ANY** balance has not been paid in full on the 19th of each month. Disconnections are the 20th of each month.

• If the Town must pursue collections for an unpaid balance, we can collect from your NC State Income Tax Refund.

#### **Returned Checks/Drafts**

• The Town's returned check/draft fee is \$35.00.

• 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 \$35.00 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.



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## **RESIDENTIAL UTILITY SERVICE APPLICATION**

Photo ID Verified

Deposit Paid

**OFFICIAL USE ONLY** 

SS# Verified

Lease/HUD

| Date service to be activated:               | RENT OWN                                       |  |
|---|--|--|
| Service Address:                            |  |  |
| Mailing Address:                            |  |  |
| Applicant Information:                      | Co-Applicant Information:                      |  |
| Name:                                       | Name:  |  |
| Social Security #                           | Social Security #                              |  |
| Driver's License #                          | Driver's License #                             |  |
| Date of Birth:                              | Date of Birth:                                 |  |
| *Email:                                     | *Email:  |  |
| Phone #:                                    | Phone #:                                       |  |
| Have you or any other occupant at this addr | ress 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?

\*Email addresses are used to send reminders about payment being due. You acknowledge that by not providing the Town with an 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.

I/We have read this disclosure and agree that the town of Lucama may contact me/us as described above.

Signature

Date

Signature

Date



Account #

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## **RESIDENTIAL UTILITY DEPOSIT INFORMATION**

- A. <u>Account History Waiver</u>: Customer must provide at time of establishing service: proof of social security number, valid photo ID and a **letter of credit** from current utility provider demonstrating good payment history defined as: **no** late payments, **no** returned checks, **no** returned drafts and **no** disconnects for nonpayment within the immediate preceding 12 months.\*
- **B.** <u>**Deposit without Account History Waiver**</u>: Customer must provide at time of establishing service: proof of social security number, valid photo ID and deposit (listed below);

| Electric                   | \$400        |
|----------------------------|--------------|
| Water                      | \$60         |
| Sewer                      | \$60         |
| Irrigation (if applicable) | <b>\$6</b> 0 |
| TOTAL                      | \$60-580     |

<u>Home Owners</u>: The application fee of \$20 non-refundable.

<u>Renters</u>: Deposit is due in addition to the \$20 nonrefundable application fee.

**<u>Renters</u>**: All renters shall have their deposit applied to the balance of the account at closing prior to any refunds being issued.

If the utility account is closed, either by customer choice or due to non-payment, the deposit will be applied to the balance prior to any refunds being issued.

C. <u>High Risk Deposit</u>: Customer must provide at time of establishing service: valid photo ID and deposit (listed below); the customer declines to provide proof of social security number.

| Electric                   | \$800      |
|----------------------------|------------|
| Water                      | \$120      |
| Sewer                      | \$120      |
| Irrigation (if applicable) | \$120      |
| TOTAL                      | \$120-1160 |

The deposit shall only be refunded, net of any outstanding bill, at the time of account closing.

#### NO EXCEPTIONS

I, \_\_\_\_\_\_, have read the above information and elect deposit option \_\_\_\_\_

\*I understand that I may be required to pay an additional higher deposit, establish a new deposit, or reestablish a deposit after my original deposit has been refunded if any or all of the following conditions apply to my account: disconnection for nonpayment, failure to honor payment arrangement, returned checks/drafts, meter tampering, and/or falsification of information provided on service application. Under these terms, the deposit must be paid immediately or disconnection may occur.

Customer's Signature

Service Address

Town of Lucama Witness Signature

Date



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utility@townoflucama.net

Account # \_

## **BANK DRAFT AUTHORIZATION**

The Town of Lucama offers customers the **FREE** convenience of paying monthly utility bills via draft from a checking account. Participants will continue to receive their monthly bill and will have their account drafted on a scheduled due date. If you would like to take advantage of this **FREE** service, please complete this application and return it to the Customer Service Department. We will process your request as quickly as possible.

| New Bank Draft Authorization | Change in Account Number or Bank         |
|------------------------------|--|
| Name of Customer:            |  |
| Service Address:             |  |
| Phone #: (home)              | (alternate)                              |
|                              | oided check here.<br>not be processed ** |

I hereby authorize the Town of Lucama to draft my utility payments and initiate credit entries or such adjusting entries, either Debits or Credits, which are necessary for corrections or adjustments from the account and bank I have indicated above. This authorization is to remain in full force and effect until the Town receives a new written agreement from me. I understand that cancellation of bank draft will require a thirty (30) day prior written notice to the Town. I understand that drafts not honored by my financial institution shall be treated in the same manner as a returned check, and shall be subject to all applicable fees and charges. I further understand that as is the policy with returned checks, if I have two returned drafts within a twelve month period, I shall be removed from draft payment, and shall be required to pay in cash, certified check or credit card. I hereby certify that I will notify the Customer Service department immediately of any changes in my depository relationship with my financial institution that shall affect this draft agreement. I am also aware Customer Service will need 30 days notice if I should need to change my draft date.

Authorizing Signature