



RESIDENTIAL NEW SERVICE APPLICATION

CUSTOMER CHECKLIST

This checklist is provided to help you prepare the information needed to set up your utility account. Depending on your service address, we provide:

- Electric, Trash, Water & Sewer
- Only Water & Sewer
- Only Electric

In order to establish service, you are required to physically provide these items listed below (emailed or hard copy) to ensure the protection of your account and data.

- State or Federal Issued Photo ID for ALL applicants
- Proof of your Social Security (if declined to provide, a high-risk deposit will be required)
- Proof of Residency (RENTERS): A copy of your signed lease
- Proof of Residency (OWNERS): Intent to Purchase (Closing Documents)

Connection Information:

Please be aware of the following:

- Once applications are processed, services will be connected the next business day, or date requested (We do not offer same-day or weekend services).
- RENTERS: A deposit will be required before services are connected.
- OWNERS: A deposit will be required if a letter of credit is not provided.

We are open Monday-Friday 8:30am-4:30pm Please be in the office no later than 4:00pm to set up new service.



UTILITY PAYMENT INFORMATION

Payment Methods:

- **Bank Draft:** Automatic payments made from your bank account every month.
- **Online Payment Portal:** You can pay online with a debit/credit card at www.townofclaytonnc.org/Portal (card payments will always have a 3.5% processing fee).
- **Outdoor Drop-Box:** Drive up to our outdoor drop-box located in the Town Square parking lot. We accept check or money order. For cash payments, please pay in person.
- **In Person:** You can come into our office located at 111 E. Second St. on the 2nd level of the building. We accept cash, check, money order or credit/debit card (card payments will always have a 3.5% processing fee). We are open Monday-Friday 8:30am-4:30pm.
- **Mail:** Send your payment in the envelope included with your bill to:
 - Town of Clayton, P.O. Box 63024, Charlotte NC 28263-3024
(Note: A mailed payment make take up to 14 business days to process)

Due Dates, Penalties & Non-Payment Collections:

- Your due date will be either printed on your bill or included in your E-bill.
- Late or unpaid bills will accrue a 5% penalty the day after the due date.
- A \$50 non-payment fee is added to your bill if your balance hasn't been paid in full, 7 days after the due date.
- If we are unable to collect a closed/inactive account balance within 60 days, we will report to the 3 major credit bureaus.
- If we must pursue collections for an unpaid balance, please know that we can collect from your North Carolina Income Tax Refund.

Returned Checks or Bank Drafts:

- The returned check/bank draft fee is \$25.
- We will contact you from the information on your account. If we cannot contact you by phone, we will put a door hanger at your home to notify you of the returned item.
- You will have 48 hours to pay the returned amount, in addition to the \$25 fee. If you do not make a payment within 48 hours, your services will be disconnected.
- If a 2nd check is returned, you will no longer be able to pay by check. This means you can pay by cash, money order or credit/debit card.
- If a 2nd bank draft is returned, you will not be able to set up bank draft for 1 year, you may also be required to pay a deposit if there is not one currently on file.
- A returned check for a deposit will result in immediate disconnection without prior notification.



OFFICIAL USE ONLY	
SS# Verified _____	Photo ID Verified _____
Lease/HUD _____	Deposit Paid _____

TOWN OF CLAYTON
Utilities & Billing
 111 E. Second St., P.O. Box 879
 Clayton, NC 27528
 Phone: 919-553-5002
 Fax: 919-553-0719
 utilities@townofclaytonnc.org

NEW CUSTOMER INFORMATION

Preferred Service Activation Date: _____

___ Rent ___ Own ___ Do you own an EV?
--

Service Address: _____

Mailing Address (If different from Service 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: _____
Cell Phone #: _____	Cell Phone #: _____

Have you had service with the Town of Clayton previously?

- Yes: please specify the address:** _____
- No**

Note:

**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 Clayton may contact me/us as described above.*

 Applicant Signature

 Date

 Co-Applicant Signature

 Date



Official Use Only:

Account #: _____

DEPOSIT INFORMATION

Please check one box that applies to you.

RENTERS

Renter Deposit Information
 I acknowledge that I am a renter, therefore I will have to pay a deposit. That deposit will depend on the services offered at my address.
This deposit will be applied to the balance of the account at closing, prior to any refunds being issued.

Electric	\$250
Water	\$50
Sewer	\$50
Irrigation (If applicable)	\$50
TOTAL	\$50-400

High Risk Deposit Information
 I acknowledge that if I do not have a social security number or decline to provide one, I will pay a high risk deposit.
This deposit will be applied to the balance of the account at closing, prior to any refunds being issued.

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

PROPERTY OWNERS

Account History Waiver
 I acknowledge that I am a home buyer with previous utility history with the Town of Clayton. I have had good payment history, meaning no penalties, late payments, disconnection for nonpayment, returned checks or bank drafts in the last 12 months. This will waive my deposit.

Letter of Credit Information
 I acknowledge that if I am a property owner, I can get a letter of credit from my previous utility company to waive my deposit. The letter of credit has to show that in the last 12 months there has been no penalties, late payments or disconnections.

Property Owner Deposit Information
 I acknowledge that if I am a property owner without a letter of credit, I will have to pay a deposit. That deposit will depend on the services offered at my address.
This deposit will be credited to my account by a written request after 12 months of good payment history.

Electric	\$250
Water	\$50
Sewer	\$50
Irrigation (If applicable)	\$50
TOTAL	\$50-400

High Risk Deposit Information
 I acknowledge that if I do not have a social security number or decline to provide one, I will pay a high risk deposit.
This deposit will be applied to the balance of the account at closing, prior to any refunds being issued.

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

I have read the above information and selected the deposit information that applies to me. 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 arrangements, returned check/drafts, meter tampering, and/or falsification of information provided on this application. Under these terms, the deposit must be paid immediately or disconnection may occur.

 Applicant Signature

 Date

 Co-Applicant Signature

 Date



Official Use Only:

Account #: _____

TOWN OF CLAYTON
 Utilities & Billing
 111 E. Second St., P.O. Box 879
 Clayton, NC 27528
 Phone: 919-553-5002
 Fax: 919-553-0719
 utilities@townofclaytonnc.org

BANK DRAFT AUTHORIZATION FORM

The Town of Clayton offers customers the convenient opportunity to use automatic payments. Bank draft allows you to automatically pay your utility bill from your checking account on a scheduled day every month. Customers who use this feature will still receive a bill every month (via mail or E-bill). If you would like to use our bank draft service,

Please complete this form and attach a voided check, a direct deposit form or a letter from your bank.

_____ New Bank Draft Authorization

_____ Change in Banking Information

Billing Cycles

The Town of Clayton uses cycles to differentiate our billing and customer locations. If you don't know your cycle, please call us at 919-553-5002 so that our Customer Service Representatives can assist you.

Cycle 1:	___ 8th	___ 15th	___ 22nd
Cycle 2:	___ 15th	___ 22nd	___ 29th
Cycle 3:	___ 15th	___ 22nd	___ 29th
Cycle 4:	___ 8th	___ 22nd	___ 29th

Customer Name: _____

Service Address: _____

Phone Number: _____

Email: _____

I hereby authorize the Town of Clayton 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 bank account information I provided. This authorization is to remain in effect until the Town receives a new written cancellation from me. I understand that cancellation of bank draft will require 30-day prior written notice. I understand that drafts not honored by my financial institution shall be treated in the same manner as a returned check, and I will be responsible for the fees that apply. As is the policy, If I have two returned drafts within a 12-month period, I will be removed from draft payment and will be required to pay cash, debit card or cashier's check. I hereby certify that I will notify the Utility department immediately of any changes in my financial situation that will affect this draft agreement. Lastly, I understand that new bank draft & a change in bank information can take up to 30 days to be effective so I will check my balance on my utility account to make sure it is paid while I transition to bank draft.

 Applicant Signature

 Date