



A Living Memorial to World War I

CITY OF NITRO

2009 20th St.

NITRO, WV 25143

(304) 755-0702

ENROLL IN NITRO'S DIRECT PAYMENT PLAN & GO PAPERLESS!

The City of Nitro is making changes to improve efficiency and reduce costs. Starting **October 1, 2025**, Municipal Service Fees will be billed **quarterly** instead of monthly. You'll receive **four bills per year**, each for a \$75 payment that covers three months.

Quarterly Billing Schedule:

- Q1:** January – February – March
- Q2:** April – May – June
- Q3:** July – August – September
- Q4:** October – November – December

Prefer to pay monthly? You still can—by making three monthly payments of \$25—but you will only receive **one bill per quarter**.

To make this transition easier, we encourage you to sign up for **Direct Payment**, our automatic withdrawal service.

We strongly encourage everyone to sign up for **paperless billing** and **Direct Payment** to help us modernize our process, reduce paper waste, and save time.

Benefits of Direct Payment:

- No late fees** – your payment is always on time
- No stamps or mailing hassle**
- Even works while you're out of town**
- Safe and secure, with proof on your bank statement**
- Easy to sign up and cancel at any time**

To sign up:

1. Check the box for checking or savings account
2. Fill in your name, bank name, and location
3. Attach a voided check *or* write your account and routing numbers.
4. **Sign the form**

Enroll me in paperless billing today!

Name (Print)

Signature)

(Date)

I authorize the City of Nitro to initiate electronic debit entries to my: ☐ checking account ☐ savings account (please select one option.)

MONTHLY Nitro Municipal Fee in the amount of **\$ 25.00** OR **QUARTERLY** Nitro Municipal Fee in the amount of **\$ 75.00**

FOR NITRO MSF ACCOUNT # _____ DATE PAYMENT WILL BE DEDUCTED—1st OF EACH MONTH BEGINNING ____/____/____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authority will remain in effect until I have cancelled it in writing.

FINANCIAL INSTITUTION NAME (PRINT) _____

FINANCIAL INSTITUTION ACCOUNT NUMBER _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

EMAIL _____ CELL PHONE _____

SIGNATURE _____

NOTE: BE SURE TO SIGN THE FORM!