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## **YOUR BILLING RIGHTS KEEP THIS NOTICE FOR FUTURE USE**

This notice contains important information regarding your rights and responsibilities under the Fair Credit Act. **NOTIFY US IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL**

If you think your bill is wrong, or if you need additional information about a transaction on your bill, write us on a separate sheet at the address listed on your bill. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You may telephone us; however, doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number
- The dollar amount of the suspected errors
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

### **YOUR RIGHTS AND OUR RESPONSIBILITIES AFTER WE RECEIVE YOUR WRITTEN NOTICE:**

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount in question, or report you as delinquent. We can continue to bill you for the amount in question. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, we will issue a credit to your account for the amount in question. If we did not make a mistake, the amount in question becomes due and payable.

If you fail to pay the amount that was in question, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. We must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been resolved once it is resolved.

If we do not follow these rules, we can't collect the first \$50.00 of the questioned amount, even if your bill is correct.

**PAYMENT TERMS:** Your account is due in full monthly, with "Total Balance Due" on the 15<sup>th</sup> of each month.

**RETURNED CHECKS:** I agree to pay Jones County a returned check fee of \$36.00 should I have a check returned. Further, I agree to pay the amount of the returned check in cash or money order. No check will be accepted as payment for a returned check.