

CITY OF ALEDO AUTHORIZATION AGREEMENT FOR AUTOMATIC BILL PAYMENT

NEW ENROLLMENT

CHANGE ENROLLMENT

1. Complete the contact information below:

Name: _____

Service Address: _____ Daytime Phone: _____

City of Aledo Utility Account Number(s): _____

2. Provide your signature for authorization:

I (we) hereby authorize THE CITY OF ALEDO to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account from the depository financial institution listed on this application, hereafter called DEPOSITORY, and to debit the same to such account, in the amount described on all forthcoming gas, water, sewer bills on their scheduled due dates. Each payment will be as if it were personally signed and authorized by me (us). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. Monthly utility bills will continue to be mailed. Bill amounts will fluctuate. This should be taken into consideration when submitting an enrollment form for automatic bill payment. I (we) understand that, as with a check, sufficient funds must be available in my account at the time of transfer. If the balance in my (our) account is not sufficient to cover the electronic payment, a \$20.00 NSF fee and any applicable late penalties will be applied to my (our) utility account(s) and I (we) will be removed from the program.

This automatic payment authority will remain in effect until the CITY OF ALEDO has received written notification from me (us) of termination a minimum of 30 days prior to a scheduled utility bill payment due date. I (we) agree to provide a minimum of 30 days written notice to the CITY OF ALEDO of any changes regarding my (our) account, including, but not limited to, intent to terminate the automatic payment agreement, change of DEPOSITORY and/or change to the account number.

All information will remain confidential.

I (we) understand and agree to the terms of this letter and application.

Signature: _____ Date: _____

(Signature: _____ Date: _____)

3. Provide the required financial information below:

Name of DEPOSITORY: _____

DEPOSITORY Routing Number: _____

Checking

Savings

Debit Card

Credit Card

DEPOSITORY Account or Credit/Debit Card Number: _____

Type of Account: Personal Business Church or Card Type: Visa MasterCard

(Note that Credit Card payments only will be charged a 2.5% processing fee)

Name as it appears on Credit Card bill: _____

Mailing Address as it appears on Credit Card bill: _____

Expiration Date: _____