

CITY OF CHUBBUCK

Direct Pay Consent

Utility

Account #: _____

Customer Name: _____

Service Address: _____

Phone #: _____

I request the City of Chubbuck ("City") establish a Direct Withdrawal ACH for my Utility Service Account with the City. If I currently have a direct withdrawal ACH financial account on file, please discontinue and switch to the account designated below. I understand payments to the City for my Utility bill will be directly subtracted from the account listed below at my financial institution on or after the 15th of each month.

I authorize the City to initiate deductions and the financial institution below to transfer payment from my account listed below for and in the amount due on my Utility Account each month with the City. I understand that any changes to my request on this designated account, including any request to stop the direct withdrawal to pay my Utility bill, must be submitted in writing at the City Utility billing office prior to the 7th of the desired month the change is to take effect. I further understand that it is my responsibility to have funds available for withdrawal for payment and that if the City's payment request is not honored by my financial institution because funds are not available in my account, I will be responsible for any fees assessed by my financial institution and/or the City. This authorization shall remain in effect until I cancel it in writing or make the final payment and close my Utility Service Account with the City.

Signature

Date

Financial Institution Information:

Account type: Checking

Saving

Name of Financial Institution

Name(S) on Financial Institution Account

Routing number: _____

Account #: _____

Check accuracy of Routing and Account number to avoid return item fee