

City of
North Bonneville



Washington

AUTHORIZATION FOR AUTOMATIC PAYMENT OF UTILITIES

Customer Name _____ Phone # _____

Service Address _____ Utility Acct # _____

A Direct Debit Authorization is required for each City of North Bonneville utility account that you own and want to place on automatic payment.

Checking account Savings account

Name of Financial Institution _____

Account Number _____ Routing/Transit Number _____

Branch Location: _____

Name as it appears on bank account _____

Please verify all banking information. Payments returned as a result of incorrect information being provided on this form are the sole responsibility of the customer and will result in penalty fees being assessed to the account.

PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION

I authorize the City of North Bonneville and the financial institution named above to automatically deduct the total amount due of my city utility bills from my checking or savings account as listed above. I understand the automatic payment will be deducted on the [] 10th [] 15th or [] 20th of each month. I also understand that should the account not have sufficient funds to cover the automatic deduction there will be a non-sufficient funds fee in the amount of \$50 assessed. Both the City of North Bonneville and my financial institution reserve the right to terminate this authorization and my participation therein. This authorization will remain in effect until I have notified the City of North Bonneville in writing to discontinue the automatic withdrawals

Signature: _____

Date: _____