



City of
NORTH BONNEVILLE

P.O. Box 7

North Bonneville, WA 98639

(509)427-8182

AUTHORIZATION FOR AUTOMATIC PAYMENT OF UTILITIES

Customer Name _____ Phone # _____

Service Address _____ Utility Account # _____

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 at 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 name above to automatically deduct the total amount due of my city utility bills from my checking or savings account as listed above. I understand that the automatic payment will be deducted on the 20th of each month Also, I choose to have the entire amount withdrawn in one month, **OR** I choose to have the payments split evenly between the two months. I 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 \$50.00 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 _____