

# CITY OF GAS

## AUTOMATIC BILL PAYMENT AUTHORIZATION AGREEMENT

I (we) hereby authorize the City of Gas to initiate debit entries to my (our) account indicated below for my monthly bill, and the financial institution named below, to debit the same to such account. **I (we) understand that the debit will be processed on or about the 5<sup>th</sup> day of each month, and that a \$1.00 fee will be added to my monthly bill to utilize this service.**

Financial Institution Name \_\_\_\_\_ Name(s) on Account \_\_\_\_\_

Financial Institution Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ Type of Acct:  Checking Acct.  Savings Acct.  
 Personal Acct.  
 Commercial Acct.

Utility Account #(s): \_\_\_\_\_ Name(s) on Utility Account: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Terms and Conditions:** I understand and agree that any and all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to the City of Gas, before the 25<sup>th</sup> of the month. If the 5<sup>th</sup> of the month falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account on the 5<sup>th</sup> of the month. In case of a transaction being rejected for non-sufficient funds, submission error, or other bank related return reasons, I understand that I am subject to a return fee of \$30.00 plus the amount of the bill that was returned and must pay this amount by cash, money order, or credit card before the 25<sup>th</sup> of the month or risk disconnection of service. I further understand, and agree that a 10% late fee will be assessed if the amount due is not received in good and collected funds by the 10<sup>th</sup> of the month. I understand that if a transaction is rejected twice in one year it will result in cancellation of this agreement. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank, nor the City of Gas so long as the transactions correspond to the terms indicated in this authorization form.

This authority will remain in full force and effect until the City of Gas has received written notification from me of its termination.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM**

ACH SET-UP COMPLETED \_\_\_\_\_ For Office Use Only ACH AUTHORIZATION TERMINATED \_\_\_\_\_