

# AUTHORIZATION AGREEMENT WITH UTILITY CUSTOMER FOR AUTOMATIC PAYMENT WITHDRAWALS FROM BANK ACCOUNT

Utility Customer Account #: \_\_\_\_\_

I, the undersigned utility customer, certify that I am the owner of the utility account for which I am applying for automatic payments. I understand that I am required to have an active utility account with the City of Centralia, Missouri (City) for a period of at least six (6) consecutive months prior to the date of this agreement and that during that six month period I have not had my utilities disconnected for non-payment nor had a returned check on my utility account. I authorize the City and the bank listed below to automatically withdraw my City utility bill amount from my bank account monthly. I understand that each individual owner of the bank account must sign a separate authorization agreement whether or not the bank account owner is a utility customer. I understand that my bank account will be debited for the full amount of my City utility bill on the 10<sup>th</sup> day of each month, or in the case of the 10<sup>th</sup> day of the month being on a weekend or holiday, the debit will occur on the next bank business day.

I, the undersigned utility customer, hereby authorize the City to initiate debit entries to my bank account as indicated above to credit the same to my City utility account. This amount will be a variable amount monthly with a maximum monthly debit allowed of two times my highest utility bill during the preceding 12 months at my current residence which is \_\_\_\_\_.

Before this agreement can take effect, I understand I must:

1. Already have the account set up at my bank.
2. Find out if my bank will accept automatic withdrawals for an existing utility account. I must also verify my bank's routing number and my account number (including dashes).
3. Notify my bank that I am going to set up automatic withdrawals through the City of Centralia for my utility billing. I must also make sure that I have supplied the bank with any information the bank requires in order to conduct automatic withdrawals.
4. Deliver to the Centralia City Hall a voided check from my checking account or a deposit slip from my savings account.

I request that the City begin automatic payments of my City of Centralia utility bills from my bank account once all requirements have been met. (Complete items A through E below)

A. Bank Name: \_\_\_\_\_ City: \_\_\_\_\_

B. Bank Routing Number: \_\_\_\_\_

C. Bank Account Number: \_\_\_\_\_

D. Type of Account (Check only one): Checking: \_\_\_\_ Savings: \_\_\_\_

E. Names and addresses of all owners of the bank account (who will be required to sign an authorization agreement):

---

---

I, the undersigned utility customer, agree to the following:

1. The City shall continue to mail the utility customer a statement monthly that shows the amount due for the utility bill.
2. I must contact the City of Centralia City Administrator at City Hall in person or by calling 573/682-2139 within 10 days of receiving my statement to report an abnormality.
3. If my automatic withdrawal is returned unpaid for any reason including because of insufficient funds, I will be notified and required to pay the amount of my monthly bill, plus a \$20.00 return fee and any bank charges assessed to the City for the return item. Payment will be required to be made by cash, bank check or money order. If after the return of my payment my bill is paid after the 15th day of the month, then I will also be subject to a 5% penalty fee that will be added to my utility bill.
4. An automatic payment withdrawal returned unpaid for any reason will result in the City giving me notice of the City's intention to terminate utility service in the same manner the City uses to give notice to a utility customer with a check returned unpaid for any reason, if payment in full by cash, bank check or money order for the utility bill and all charges is not made by the 15th day of the month.
5. If my automatic payment withdrawal is returned unpaid for any reason including because of insufficient funds two times within a 12-month period, I will be notified of my removal from the automatic payment withdrawal program for one year. I may re-apply for the automatic payment withdrawal program after a one-year period provided no returned checks have been received on my account during that time period.
6. The automatic payment authorization may be terminated at any time by the utility customer, any bank account owner, the financial institution, or the City of Centralia. The termination must be in writing and delivered to the City at least 10 days prior to the desired termination date.

Date: \_\_\_\_\_

\_\_\_\_\_  
Utility Customer Signature

\_\_\_\_\_  
Utility Customer Signature

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Social Security No

\_\_\_\_\_  
Social Security No

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

Email address (optional): \_\_\_\_\_

\_\_\_\_\_  
Additional Bank Account Owner Signature

\_\_\_\_\_  
Printed Name

---

Additional Bank Account Owner Signature

---

Printed Name

---

Additional Bank Account Owner Signature

---

Printed Name

G:\word\kathy\my\_docs\autopmtform