



# City of Talent

110 E. Main Street, P.O. Box 445, Talent, OR 97540

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## Monthly AutoPay Request Authorization

### Here's How It Works:

Customer fills out the form below to authorize the City of Talent to deduct a regularly scheduled payment from their checking or saving account. Customer will still receive a monthly utility bill showing how much will be deducted from the specified account. The payment will be automatically transferred from the customer's bank account 11 days after the bill is issued. Proof of payment will appear on the bank statement.

**Form must be in our office by the 20<sup>th</sup> to be effective the following month. AutoPay scheduled on or after the 15<sup>th</sup>.**

### 1. NEATLY PRINT OR TYPE INFORMATION

#### Automatic Electronic Utility Bill Payment Application

I (We) hereby authorize the City of Talent to automatically initiate debit entries (charges) to the bank account indicated below. I (We) further authorize the bank indicated below to accept and post such debit entries, for the payment of all utility bills rendered to me by the City of Talent. I (We) understand and agree that the City of Talent may impose a late payment fee in the event a debit entry is not paid by my bank.

I (We) understand that this authority will remain in effect until the City of Talent has received written notification from me (us) of its termination in such manner as to afford the City of Talent and the Bank a reasonable opportunity to act on it.

Utility Account Number:		Name (as it appears on bill):	
Mailing Address:			Phone Number:
City:	State:	ZIP Code:	
Service Address:			
Bank Name:		Name on Bank Account:	
Bank Routing / Transit Number:		Bank Account Number:	
Bank City:	Bank State:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Type of request: <input type="checkbox"/> Establish AutoPay <input type="checkbox"/> Change Existing AutoPay <input type="checkbox"/> Discontinue AutoPay			
Receive bill by email? <input type="checkbox"/> YES <input type="checkbox"/> NO	Email address:		<b>By checking yes, I (we) understand that I (we) will no longer receive a paper billing statement. This authorization will stay in effect until the City of Talent receives written notice of termination.</b>

By signing below, I (we) hereby agree to the terms specified on this authorization form.

\_\_\_\_\_  
Customer / Account Holder Signature

\_\_\_\_\_  
Date

### 2. ATTACH A VOIDED CHECK FROM CHECKING ACCOUNT or DEPOSIT SLIP FROM SAVINGS ACCOUNT

### 3. MAIL TO OR DROP BY CITY HALL – Please note that financial institutions will not accept email or faxed copies

Revised 9/25/2013

In compliance with the Americans with Disabilities Act, if you need special assistance, please contact TTY phone number 1-800-735-2900 for English and for Spanish please contact TTY phone number 1-800-735-3896.

*The City of Talent is an Equal Opportunity Provider*

OFFICE USE ONLY	
INITIALS _____	DATE _____