



CITY OF CLATSKANIE

Instructions for filling out the

Direct Payment Authorization Form

The City of Clatskanie is offering Direct Payment to eligible customers that would prefer to have their City Utility bill payment automatically withdrawn from their bank account. Customers that wish to take advantage of this service will need to pick up a form at City Hall and return it with a **VOIDED CHECK** by the 15th of the month in which the withdrawal becomes effective. There is no charge to the customer for this service. Utility Bills are mailed the last workday of the month. Your account will be debited by the City on the 10th of the month.

It is the customer's responsibility to contact their bank to make sure they can accept automatic withdrawals from their bank account.

Please fill out the form in the following manner:

- **Name of Financial Institution** - The Name of the account holder bank, credit union, or other financial institution.
- **Checking or Savings** - Please indicate whether the account is a checking account or a savings account.
- **Bank routing Number** - Also know as the Bank "ABA" number. This number is found at the very bottom of the account holder's check. Each financial institution has its own unique Routing Number.
- **Bank Account Number** - This number is also found at the very bottom of the account holder's check.
- **Company/Account Holder Signature** - Required
- **Joint Account Holder Signature** - Required only if the account requires two signatures on checks or for withdrawals.
- **Voided Check** - Recommended for the City to verify routing and account numbers. Delays in making deposits into the correct accounts will result if incorrect account/routing numbers are submitted.

DIRECT PAYMENT Authorization Form

I hereby authorize **City of Clatskanie** ("the Company") to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly bills to the Company. This authorization will remain valid until either I, the Company, or my financial institution revoke it.

I can suspend payment of a monthly bill by notifying the Company at any time prior to 4:00 p.m. three business days before the payment is scheduled to be deducted from my account. I understand that two or more suspensions in a 12-month period will result in cancellation of my participation in the Direct Payment program.

I understand that the Direct Payment program is an alternative method of payment only and does not otherwise affect my rights or the rights of the Company or my financial institution with respect to each other. I further understand that the Company and my financial institution reserve the right to terminate the Direct Payment plan and/or my participation in it. If I wish to discontinue my participation in the Direct Payment plan, I may do so by notifying the Company.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number	Fixed Amount (Optional)
				N/A

Account Holder Signature _____ Date _____

Joint Account Holder Signature (only if required) _____ Date _____

For the Company to verify bank account and routing numbers, account holders should attach a **VOIDED CHECK** for each account holder account to be debited. The Company and account holders should retain completed copies of this form for their records.

THIS FORM IS FOR THE COMPANY/ACCOUNT HOLDER USE ONLY
It is not required to forward copies to Sterling

UB Acct # _____
Address of residence: _____

OFFICE USE ONLY

- Bank Set Up
- Account Set UP
- Pre-note run