



City of Clatskanie

Instructions for filling out the Direct Payment Authorization Form

The City of Clatskanie offers Direct Payment to eligible customers that would prefer to have their City Utility bill payment automatically withdrawn from their bank account. Customers who wish to take advantage of this service will need to return the completed form to City Hall along with a **VOIDED CHECK** by the 25th 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 known 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.
- **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 the City of Clatskanie to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly bills to the City of Clatskanie. This authorization will remain valid until either I, the City of Clatskanie, or my financial institution revoke it.

I can suspend payment of a monthly bill by notifying the City of Clatskanie at any time prior to 4:00 p.m. on the fourth day of the month in which the payment would be deducted from my bank 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 City of Clatskanie or my financial institution with respect to each other. I further understand that the City of Clatskanie 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 City of Clatskanie prior to 4 p.m. on the fourth day of the month in which the payment would be deducted from my bank account.

I understand that any payment returned to the City of Clatskanie will result in a \$25.00 service charge.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number
	Checking Savings		

Account Holder Signature _____
Date

Joint Account Holder Signature (only if required) _____
Date

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

OFFICE USE ONLY

UB Account # _____ Address of residence:

Bank set up
Account set up