

# DIRECT PAYMENT – AUTHORIZATION FORM

I hereby authorize the **City of Baker City** (“the City”) to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly utility bills to the City. This authorization will remain valid until I, the City, or my financial institution revokes it.

I understand that if the date the payment is scheduled to be deducted falls on a non-banking day the payment will be deducted on the next banking day. I understand that there will be a \$25.00 charge on each payment returned due to insufficient funds or a closed account. I acknowledge that the City reserves the right to terminate my participation of the Direct Payment program for any reason and collect the refundable water deposit that was waived by participation in the 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 or my financial institution with respect to each other. I further understand that the City 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.

I understand that if I wish to suspend my Direct Payment or change the account to which it is withdrawn that I must provide the City with new account information as soon as possible. **The City may not be able to stop an already scheduled payment once my bill has been generated and I further understand that I am still subject to any fees due to my payment being returned.**

Customer Name and Phone Number	Service Address	Account Number

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

Please circle the day of the month you would like the payment to be deducted from the above account:

- 5<sup>th</sup> Day of the Month
- 15<sup>th</sup> Day of the Month
- 25<sup>th</sup> Day of the Month
- 10 Days from the Billing Date.

Account Holder Signature

Date

Joint Account Holder Signature

Date

Please return to City Hall at P.O. Box 650, Baker City, OR 97814. If you have questions please call 541-523-6541

**For the City to verify bank account and routing numbers, please attach a VOIDED CHECK or have your bank provide your account information.**