



AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL OF UTILITY PAYMENTS

I (we) hereby authorize the CITY OF NICHOLASVILLE to initiate DEBIT entries to the Bank Account indicated below at the Financial Institution named below, hereafter called (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions made in error. These debits will be made as payment for the UTILITY BILL originating with the UTILITY ACCOUNT NUMBER _____, currently billed under the name of _____. This debit will occur on the ninth day of the month in which the bill is due, unless the ninth falls within a weekend, and in that case, the debit will occur on the following MONDAY. All NEW contracts will be effective the following billing month after the signed date of the contract, unless it is received after the 21st of the month, in which case, the withdrawal will be made on the next month's billing cycle. This debit will continue to occur monthly until such date that I (we) cancel the automatic withdrawal in writing, in person, in the Utility Office located at 601 North Main Street, 14 days prior to the next withdrawal or 14 days prior to the Utility Account closing. Only one signature is required to cancel the automatic payment agreement. **Any** account number changes, whether it be for the Financial Institution or for the Utility Account Number, will require a new agreement to be signed and must be received at the Utility Office 14 days prior to the next withdrawal date of the ninth. THESE ACCOUNT CHANGE NOTIFICATIONS ARE THE SOLE RESPONSIBILITY OF THE ACCOUNT HOLDER AND ANY CHARGES INCURRED BECAUSE OF NON NOTIFICATION ARE ALSO THE ACCOUNT HOLDER'S SOLE RESPONSIBILITY.

In the event that a debit is returned to the CITY OF NICHOLASVILLE for any reason, I (we) acknowledge that the CITY OF NICHOLASVILLE has the right to assess our Utility Bill any applicable fees, such as NSF, DISCONNECTION, PENALTIES, ETC. as per the ordinances of the CITY OF NICHOLASVILLE, and/or DISCONNECT the utility service until the account is paid in full. The CITY OF NICHOLASVILLE also has the right to void the original contract for the automatic withdrawal of funds for payment of utility bills if an item is returned from their Financial Institution unpaid.

(Name of Financial Institution)

(Address of Financial Institution –City, State & Zip)

(Routing Number)

(Account Number)

NAME(S) AS IT APPEARS ON ACCOUNT TO BE DEBITED

_____Checking _____Savings
(Select One)

This authorization is to remain in force and effective until the CITY OF NICHOLASVILLE has received written notification from me (or either of us) of its termination as stated in the terms of the agreement above. I agree that the first date of this withdrawal is to take place as stated in the terms above in regards to the date the signed contract is RECEIVED.

Name(s) on Utility Account _____
(Please Print)

Service Address _____

Utility Account Number _____

Signature _____ Date _____

Signature _____ Date _____

BOTH SIGNATURES REQUIRED ON JOINT ACCOUNT.

Please attach VOIDED CHECK OR DEPOSIT SLIP.