

City of Woodward

Utility Auto Payment Request

Name: _____

Today's Date: _____

Utility Account Number: _____

Address: _____

Phone: _____

Please Complete the Following Information:

Bank Name: _____

Bank Account #: _____

The account number is the center grouping of numbers on the bottom of your check.

Type of Account: Checking or Savings

Effective Date: _____ Please allow at least 6 weeks due to billing cycle dates.

Attach a Voided Check

Please STOP my Auto Payment - Effective Date: _____

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- ❖ Bills are processed and mailed on the last day of the month.
 - ❖ Automatic payments will be presented to your bank on the 16th of each month.
 - ❖ If a draft or automatic bank debit is not honored by the financial institution for any reason when presented the first time, the utility account shall immediately be deemed unpaid and delinquent, as if the customer had attempted no payment at all. Customer shall be notified by ordinary mail that the account is in default by the amount of the dishonored draft or automatic bank debit. Utility services will be disconnected as of the date specified in the notice. Disconnection date shall be no later than the disconnection date would have been if the customer had attempted no payment at all. The notice shall also state the fees that will be due for reconnection of service. After such notice, only payment in cash, certified check or money order for the delinquent amount shall be accepted. To prevent disconnection, such payment shall be delivered to the utility office during normal business hours but not later than 12:00 PM on the scheduled disconnect date.
 - ❖ The City reserves the right to pursue all other collection remedies available under law, and to discontinue automatic payments at any time.

I hereby authorize the automatic payment of my utility billing on the 16th of each month.

Customer Signature

Date

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For office use only:

Acct # _____

Start ACH Date: _____
Completed: _____

End ACH Date: _____