



## Automatic Debit Authorization for Utility Billing

NEW 
                         
 CHANGE 
                         
 STOP

<b>Customer Name</b>		<b>Customer Utility Account Number</b>	
<b>Service Address</b>		<b>Owner or Tenant?</b>	
<b>Bank Account Located At</b>		<b>Branch</b>	
<b>Depository's Transit Routing Number</b>	<b>Checking Acct. # (attach voided check)</b>	<b>Checking or Savings?</b>	

*I hereby authorize the City of Post Falls to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any entries in error from my account indicated above on the date indicated below. I also authorize the above named depository to debit and/or credit the same to my account.*

*I understand that I will still receive a utility billing statement monthly and it is my responsibility to ensure that funds are sufficient to cover the utility bill by the 15th of each month. Should my account be overdrawn at the time of debit, the City of Post Falls will charge a non-refundable NSF fee to my account. At the second occurrence of overdraft, I will no longer be eligible for this service & direct debit services will be cancelled.*

*I am responsible for informing the City of Post Falls of any and all changes should I choose to use another bank or my account number, routing number or branch should change. I release the City of Post Falls from any liability should an error occur due to any changes they were not informed of in writing regarding this direct debit authorization.*

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**Customer Signature**
**Date Signed**
**Effective Date**

<i>FOR OFFICE USE ONLY</i>	
<b>BILLING CYCLE</b>	
<b>RESIDENTIAL</b>	<b>COMMERCIAL</b>