



CITY OF FULTON UTILITY BILL AUTOMATIC WITHDRAWAL APPLICATION

THE CITY OF FULTON IS EXTREMELY EXCITED ABOUT DIRECT PAYMENTS AND WE ARE SURE YOU WILL BE JUST AS EXCITED. JUST THINK...NO MORE HASSLES OF CHECK WRITING, FINDING A POSTAGE STAMP OR WORRYING IF YOUR PAYMENT WILL REACH US ON TIME. WHEN YOU ARE OUT OF TOWN ON BUSINESS OR VACATION, YOUR UTILITY BILL WILL BE TAKEN CARE OF.

THE ONLY REQUIREMENT FOR ELIGIBILITY IS YOU MUST HAVE A BANK ACCOUNT.

YOU WILL CONTINUE TO RECEIVE A UTILITY BILL AT THE BEGINNING OF EACH MONTH. THEN, YOU WILL HAVE UNTIL THE TENTH OF THE MONTH TO CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS. ON THE FIFTEENTH YOUR ELECTRONIC TRANSFER WILL BE MADE.

TO SIGN UP, FILL OUT THE FORM. BRING OR MAIL IT IN, ALONG WITH A VOIDED BLANK CHECK. CONTINUE TO PAY YOUR UTILITY BILL AS USUAL UNTIL YOU RECEIVE A BILL TELLING YOU IT WILL BE PAID BY DRAFT. IT WILL TAKE APPROXIMATELY ONE MONTH TO GET THE PROGRAM STARTED.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO GIVE US A CALL AT 592-3111.

AUTHORITY TO PAY UTILITY BILL

NAME: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

FINANCIAL INSTITUTION: _____

ACCOUNT #: _____

FINANCIAL INSTITUTION ROUNTING NUMBER: _____

I (WE) HEREBY AUTHORIZE THE CITY OF FULTON (CITY) TO INITIATE MONTHLY DEBITS BEGINNING NEXT MONTH AND CONTINUING EACH MONTH THEREAFTER FOR PAYMENT OF MY (OUR) UTILITY BILL AND FOR THE FINANCIAL INSTITUTION SPECIFIED BY ME TO PAY THE AMOUNT FROM MY CHECKING OR SAVINGS ACCOUNT. I UNDERSTAND BOTH THE CITY AND MY FINANCIAL INSTITUTION RESERVE THE RIGHT TO TERMINATE THIS PAYMENT PLAN OR MY PARTICIPATION THEREIN. THIS AUTHORITY IS TO REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING. I (WE) ACKNOWLEDGE THE ORIGATION OF ACH TRANSACTIONS TO MY (OUR) ACCOUNT MUST COMPLY WITH THE PROVISIONS OF U.S. LAW.

DATE: _____ SIGNED: _____