# AUTOMATIC DEBIT OF UTILITY BILL
# PAYMENT AUTHORIZATION

**To request AUTOMATIC UTILITY BILL PAYMENT from your checking/savings account, please complete the section below and return this form along with a <u>VOIDED check</u> to the City of Rensselaer.**

I authorize the City of Rensselaer and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can discontinue payment of any entry by notifying my financial institution three (3) days before my account is charged, however, I understand that the City of Rensselaer reserves the right to collect unpaid bills as specified by policy. I can have the amount of an erroneous charge immediately credited to my account up to fifteen (15) days following issuance of my financial institution statement or sixty (60) days after posting, whichever occurs first. I acknowledge receipt of a completed copy of the Authorization. *****IF YOU ARE ALSO ON BUDGET BILLING, THE AMOUNT DEDUCTED FROM YOUR ACCOUNT IN JUNE WILL BE THE ACTUAL AMOUNT DUE*****

_____ _____
Printed Name Address

_____ _____
City, State, Zip Code Telephone Number

_____ _____
*Financial Institution* *Address*

_____
*City, State, Zip Code*

Checking Account No._____Savings Account No._____

Financial Institution Routing No._____
(between [: ]: on bottom left side of check)

_____ _____
Customer Signature Date

**Office Use Only:**

CustomerAcct#_____Scanned_____Laserfiche_____