CITY HALL

CITY OF ANGELS PO Box 667, 200 Monte Verda St. Suite B, Angels Camp, CA 95222 P: (209) 736-2181

CITY OF ANGELS - RECURRING BILL PAYMENT APPLICATION

I (we) authorize the City of Angels to initiate monthly ACH debits from the account specified below for the utility bills listed, with the transaction occurring on the business day preceding the due date. I (we) acknowledge that all ACH transactions must comply with applicable laws and regulations. Additionally, I (we) grant the City the authority to initiate reversing entries to rectify any erroneous transactions.

I (we) authorize the City of Angels to debit the designated account for the exact amount stated on my (our) utility bill each month. The debit will be processed one banking day prior to the due date.

I (we) understand that this authorization will remain in effect until I (we) provide written notice to the City of Angels requesting its revocation. I (we) recognize that a minimum of ten (10) calendar days' notice is required to cancel this authorization.

Effective Date: _____ Type of Utility Account: ☐ Commercial ☐ Residential

Financial Institution: _____ Type of Account:

Routing Number: _____ ☐ Checking ☐ Savings

Account Number: _____

Bank location (address for Financial Institution from front of check):

_____

Please attach a voided copy of your check

I understand that failure to ensure sufficient funds to cover the debit of my account for the amount listed on the utility bill is sufficient cause for termination of this agreement by the City. Additional charges may be assessed to my utility account and The City may terminate my utility services in such circumstances.

Name: _____

Mailing Address: _____

_____

Email Address: _____

Preferred Phone Number: _____

May we contact you via text? ☐ Yes ☐ No

Utility Account Number(s): _____

Service Address:_____

Signature: _____