

CITY OF MONTICELLO
UTILITY BILLING
AUTOPAY AUTHORIZATION AGREEMENT

PLEASE COMPLETE THE INFORMATION BELOW:

Name: _____

Utility Service Address: _____

Customer Account Number: _____

I authorize the City of Monticello to initiate electronic debit entries to my:

_____ Checking account (or) _____ savings account

for payment of my City of Monticello Utility Bill on or about the 18th of each month.

Name of Financial Institution: _____

Bank Routing Number: _____

Bank Account Number: _____

This authorization will remain in effect until canceled by either party.

I agree that, unless I contest the charges appearing on my monthly water bill within 10 calendar days from the bill date, funds for the water bill will automatically be deducted from the above bank account.

I agree that if sufficient funds are not available in the above bank account to allow the bank to automatically process payment of the outstanding balance on my monthly water bill, I will pay Monticello Water Works, by cash, the outstanding balance plus a \$25.00 returned check fee.

Signature: _____ Date: _____