

**CITY OF LOWDEN
AUTOMATIC PAYMENT CUSTOMER AUTHORIZATION AGREEMENT**

INSTRUCTIONS:

1. To enroll in the *Automatic Payment* program, fill out the form, **sign it and send it in with a voided check**.
2. You will receive a regular bill statement with an *Automatic Payment* message and the date your payment will be deducted. This is your official notification that *Automatic Payment* has started. **Please continue to pay your bill as usual until you see the *Automatic Payment* message displayed on the bill.**
3. Your bank will automatically deduct the amount from your account.

| CUSTOMER INFORMATION | |
|----------------------------|----------------------|
| CUSTOMER NAME(S): | MAILING ADDRESS: |
| | |
| PHONE NUMBER: | CITY, STATE, ZIP: |
| | |
| WATER BILL ACCOUNT NUMBER: | |
| | |
| BANK NAME: | MAILING ADDRESS: |
| | |
| PHONE NUMBER: | CITY, STATE, ZIP: |
| | |
| BANK ACCOUNT NUMBER: | BANK ROUTING NUMBER: |
| | |

| CUSTOMER AUTOMATIC PAYMENT AUTHORIZATION & AGREEMENT | |
|--|-------------------|
| I (we) hereby authorize and request the City of Lowden to effect payment for goods and services rendered at: | |
| PROPERTY ADDRESS: | CITY, STATE, ZIP: |
| | |
| <p>By initiating debit entries to my (our) account in the financial institution named on this form hereinafter call BANK. These debit entries are to be initiated by the City of Lowden periodically as such amounts become due without any further authorization from me (either of us).</p> <p>I (we) authorize and request BANK to accept any debit entries initiated by the City of Lowden to such account and to debit the same to such account without responsibility for the correctness thereof. It is understood that the debit entry sent to the BANK may not exceed the amount printed on the memorandum bill, which may be mailed approximately 10 days before the transfer takes place. The transfer will take place on the date shown on the memorandum bill.</p> <p>It is understood that this agreement may be terminated by me (either of us) at any time up to seven business days before the scheduled date of transfer by oral or written notice to City of Lowden or BANK. Any such notification to City of Lowden shall be effective only with respect to entries initiated after receipt of such notification. Any such notification to BANK shall be effective only with respect to entries debited to my (our) account by BANK after receipt of such notification.</p> <p>It is also understood that I (we) agree to be bound by the Operating Rules and Guidelines of the National Automated Clearing House Association and shall have the rights set forth here with respect to all entries initiated by the City of Lowden pursuant to this agreement.</p> | |
| Depositor Signature: | Date: |
| | |
| Depositor Signature (if two are required): | Date: |
| | |