



CITY OF ESCALON

PREAUTHORIZED PAYMENT SERVICE

I (we) hereby authorize, City of Escalon hereinafter called COMPANY, to initiate debt entries to my (our) [] **Checking Account**/ [] **Savings Account** (select one) indicated below at the financial institution named below to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

PLEASE ATTACH A VOIDED CHECK

Financial Institution

City, State, Zip

Routing Number

Account Number

This authorization shall remain in full force and effect until the City of Escalon has received a 15-day written notification from me of its termination in such time and in such manner as to afford the City of Escalon and the Financial Institution a reasonable opportunity to act on it.

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

Name (Please Print)

Social Security/Drivers License Number

Mailing Address

Telephone Number

Signature

Date

- Deduction for my RV/Boat storage fee of \$50.00 will be deducted on the 1st of every month. _____
- If the payment date falls on a weekend or holiday the payment will be deducted on the next business day. _____
- SPACE # _____