

AUTOMATIC PAYMENT AUTHORIZATION For Bank Drafting

Finance Department 678 W 18th Street Merced, Ca 95340 209-385-6841

To enroll in the City of Merced's Automatic Payment program, just fill out this application. Please enclose a blank check marked "VOID". Continue to pay your bill until it is marked "Bank Draft".

Utility Billing Account Number	- -	
Name (as shown on bill)		
Service Address		
Mailing Address	City	StateZip
Home Phone	Work Phone	
Bank Name		
Bank Address	City	State Zip
Name as shown on Bank Account		
9-digit Routing Number	Bank Account N	umber
I hereby authorize the City of Merced to financial institution to pay monthly bill will be deducted from my account 7 days are bank drafting by notifying the understand that I am responsible for an transaction. I further understand that if insufficient funds within a twelve(12) reprogram may be automatically cancelled.	ings upon receipt of this form. ys before the due date each more City of Merced and my financy fees if the money is not in my two(2) payment requests are month period, my participation	I understand the payment onth. I understand that I cial institution in writing. I y account at the time of the eturned because of
Signature	Date	