



FINANCE DEPARTMENT, 678 W 18<sup>TH</sup> ST, MERCED, CA 95340 209-385-6841

### AUTOMATIC PAYMENT AUTHORIZATION

#### For Bank Drafting

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 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary phone \_\_\_\_\_

Bank name \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail address \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

9-digit routing number \_\_\_\_\_ Bank account number \_\_\_\_\_

Driver's License \_\_\_\_\_ State \_\_\_\_\_ Social Security # \_\_\_\_\_

I hereby authorize the City of Merced to deduct funds from my account at the above-indicated financial institution to pay monthly billings upon receipt of this form. I understand the payment will be deducted from my account **7 days before the due date each month**. I understand that I may stop my bank drafting by notifying the City of Merced in writing **30 days in advance**. I also understand that I am responsible for any fees if the money is not available at the time of the transaction. I further understand that if two (2) payment requests are returned because of insufficient funds within a twelve(12) month period, my participation in the Automatic Payment Program may be automatically cancelled.

Signature \_\_\_\_\_ Date \_\_\_\_\_