



FINANCE DEPARTMENT, 678 W 18TH 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 _____

Name on Bank Account _____

9-digit routing number _____ Bank account number _____

Social Security # _____ Date of Birth _____

Driver's License # _____ State _____

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 _____