City of Norco Direct Payment Authorization Form

We are pleased to offer you a new service—the Direct Payment Plan. Now you can have your utility payment deducted automatically from your checking or savings account and you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It save times fewer checks to write
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town
- No lost or misplaced statements, your payment is always on time – it helps maintain good credit
- It saves postage
- It's easy to sign up for, easy to cancel
- No late charges

Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account to pay your monthly utility bill. Then, just sit back and relax. The amount of your payment will vary depending on water use or changes in services. Your payments will be made automatically before the due date. We will continue to submit to you your monthly utility bill reflecting the direct payment being made. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

- Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
- 2. Fill in your name, financial institution name and location and date.
- 3. Attach a voided check for verification of all financial institution information. If you are unable to attach a voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT - PLEASE ALLOW 30 DAYS FOR IMPLEMENTATION

O Che for pay \$ \$ accour	cking account or O Sa vment of my monthly utility bil (insert doll (insert range	e electronic debit entries to my: rings account . I understand I will receive a notice of ar amount) OR outside the range e). I acknowledge that the originatio isions of U.S. law. This authority wi	of \$ to n of ACH transactions to my
Staple Voided Check Here	Date	Daytime Phone #	
	Address	Utility Accour	nt #
	Financial Institution Name (Please Print)		
	Account Number at Financial Institution		
	Financial Institution Routing/Transit Number		
	Financial Institution City and State		
	Printed name	Signature	