

55 N Main Street |vins, UT 84738 435-628-0606

DIRECT PAY AUTHORIZATION

You will continue to receive your City utility bill as normal; however, no manual payment will be needed as **the full amount will** be electronically deducted from your bank account on (or about) the twentieth (20th) of each month. We suggest when you receive your utility bill to immediately record in your check register the amount that will be deducted by the twentieth (20th).

• On your paper utility bill (mailed via US Mail) the following message will appear: '**Do Not Pay'**. This is your notification that Direct Pay has been activated and the next payment will be automatically deducted from your checking account. Until then make your payment as you usually do. Unfortunately, the e-bill <u>will not</u> have 'Do Not Pay' printed on the form.

As the participant of Electronic Funds Transfer (EFT), I agree to and/or understand all of the following:

- Authorize Ivins City to debit my checking or savings account for all monthly charges for utility services.
- Ensure that sufficient funds are in my checking or savings account to cover my bill. If sufficient funds are not available, my account will be charged \$20.00 for Non-Sufficient-Funds (NSF).
- Promptly notify Ivins City of any change to my checking or savings account. If a change occurs it is my responsibility to provide Ivins City with the updated account information.
- Two refused electronic fund transfers may cancel this agreement at the sole option of lvins City.

ACCOUNT INFORMATION

Name of				
FINANCIAL INSTUTION		Account Type	\/	\/
(В	ank, Savings and Loan, Credit Union)	(check one)	Savings	Checking

 Bank Transit/ABA Number (routing number)
 Bank Account Number (your personal bank account number)

 (First set of numbers between the first set of bank symbols)
 (Second set of numbers between the second set of bank symbols)

 (Total number of digits is always 9)
 (Total number of digits varies depending on the bank)

IMPORTANT

PLEASE ATTACH A VOIDED CHECK TO THIS FORM. We use it to verify account numbers – then it's immediately destroyed

I hereby authorize Ivins City to initiate debits (payments) or credits (corrections) to the financial institution indicated above for the purpose of paying my monthly utility bill. The financial institution is authorized to debit/credit my account. This authority is to remain in full force and effect until either (1) I revoke it by giving notice to Ivins City, by letter or a phone call; (2) it is cancelled by Ivins City under the conditions state above; or (3) upon termination of my service with Ivins City. I have read and agree to the terms and conditions outlined above.

Customer Name (Please Print)

	//	_/ 201	
Month	Day	Year	

__/ ___/ ____/ ____/ ____/

Ivins City Utility Account Number (usually 6 digits)

Customer Signature

OFFICE USE ONLY						
Start Date	Change Date	Cancel Date	Effective Date			
Accounting/Ut	ility Billing Technician	Date				