

CITY OF ST. ROBERT

UTILITY AUTOMATIC BILL PAYMENT AUTHORIZATION

I (We) hereby authorize the City of St. Robert, hereby called the City of St. Robert to initiate debit entries to my (our) account Checking _____, Savings _____ account (select one) in the financial institution (Bank) named below. I (we) further authorize Bank to debit such entries t my (our) account.

BANK ACCOUNT NO. _____ ROUTING NO. _____

DEPOSITORY (BANK)

NAME _____ BRANCH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BANK TELEPHONE NUMBER _____

It is understood that this agreement may be terminated by me (either of us) at any time up to three business days before the 15th of the month by oral or written notice to the City of St. Robert. Any such notification to the City of St. Robert shall be effective only with respect to entries initiated after receipt of such notification.

It is also understood that I (we) agree to be bound by the Operating Rules and guidelines of the National Automated Clearing House Association and shall have the rights set forth here with respect to all entries initiated by the City of St. Robert pursuant to this agreement.

Billing Account No. (s)

Depositor's Name (Please type or print)

Depositor's Signature Date

Depositor's Signature (if two are required) Date

City Use only:
TRANSIT/ABA NO. _____ BANK NO. _____
ACCOUNT NO. _____ ACCOUNT NO. _____

CITY OF ST. ROBERT

UTILITY BUDGET BILLING AUTHORIZATION

PLEASE CHECK _____ (YES), AND COMPLETE THE FOLLOWING QUESTIONS, IF YOU ARE INTEREST IN BUDGET (LEVELIZED) BILLING.

Name _____

Address: _____

Phone Number: _____

Account Number: _____

Authorized Signature: _____

City Use only:
ACCOUNT NO. _____
ACCOUNT NO. _____
Qualify: ___ Yes ___ No
Explanation if checked (no)

Monthly budget bill amount: _____
Processor signature: _____