



City of Poulsbo
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 Poulsbo, Washington
 98370-7347
 360-394-9881
 www.cityofpoulsbo.com
 cashierfunds@cityofpoulsbo.com

AUTOMATIC UTILITY BILLING PAYMENT

Application Fee: No Fee

Who Completes this Form?

Persons who wish to authorize automatic monthly withdrawal from their bank account to pay their City of Poulsbo Utility Bill

What is the Timing on this Authorization?

Completed forms must be submitted by the 14th of the month in order to be eligible to begin Auto-Pay for the *following* month

Once approved, your first bill to process through Auto-Pay and every bill thereafter, will then clearly indicate ****Your Bill Will Be Paid By Bank Draft****

What are the Requirements for Final Approval?

Upon receipt of this form submission and once your bank account information is verified, your Auto-Pay will be approved.

If your bank account information does not verify, you will be notified and your Auto-Pay processing will be delayed.

City of Poulsbo Utility Account Information:

Name of Property Owner or Authorized Person on Utility Account

City of Poulsbo Utility Account Number

Utility Service Address

Daytime Contact Phone Number

Bank Account Information:

Name(s) on Bank Account

Bank Routing/ABA Number (9-Digits)

Bank Account Number

Bank Name

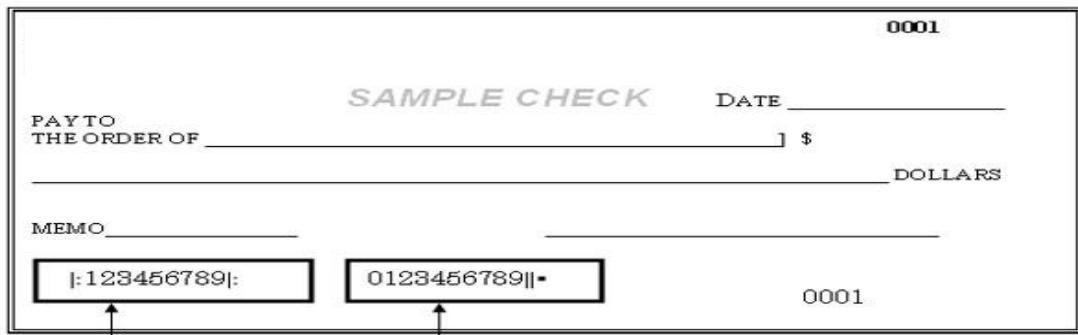
Authorizing Signature Section:

I, the undersigned hereby authorize the City of Poulsbo to initiate debits to my bank account indicated above and the depository named above, to debit the same to such account for the payment of my monthly utility bill. I understand the debit will be made on the Due Date of each monthly bill for the balance amount as shown on such bill. The authority is to remain in full force and effect until the City has received written notification from me of termination, in such time as to afford the City a reasonable opportunity to act on it. I understand this agreement will be cancelled upon notification from the bank of non-sufficient funds or closed account. In that event, my utility account will be charged the City's current NSF service charge fee as set forth by the City's policy. I am aware of my right to stop payment of withdrawal by notifying the City at least 10 business days before the withdrawal date. I am also aware it is my sole responsibility to notify the City of any changes to my bank account information. If I have not provided a voided check from my financial institution, I take full responsibility for any delays and/or charges to my account that may be the result of providing incorrect information.

Bank Account Holder's Signature for Authorization

Date Signed

Attach Voided Check HERE:



Routing Number
(Always a 9-digit number)

Account Number

For City Use Only:

Date Entered:

Date Pre-Note:

Date Begin:

Date Removed: