

AUTOMATIC WITHDRAWAL FOR YOUR UTILITY BILL

Thank you for your interest in automatic withdrawal from your checking/savings account. Attached is the form that needs to be returned to the finance department. Please note there are a couple of requirements on this form.

- 1) Make sure you enclose a voided check if using your Checking account.
- OR
- 2) A letter from the financial institution stating the routing number, account number and account name on the account for a Savings account.

****If at least one of the above requirements are not met the form will be returned to you.****

PLEASE NOTE THE FOLLOWING RULES:

Once you have enrolled in the ACH Direct Payment Service, you will continue to receive your regularly scheduled Utility bill. The ACH will go into effect with your second billing following your enrollment. Once in effect you will see the word "Taken by Draft" appear on your bill.

The **DUE** date on your bill will be the actual day funds are deducted from your bank account. If you do not agree with your bill, you have up to five (5) business days prior to the **DUE** date to contact the finance department.

If you have two insufficient fund occurrences within a twelve-month period, you will be removed from the program. A service charge of \$30.00 will be placed on your account for each returned transaction.

You can STOP your participation in this service at any time by notifying the finance department in writing. Withdrawal requests received five (5) business days prior to your due date will be effective for that billing period; with shorter notification, withdrawal from the service will not occur until the subsequent billing period.

If you need to change the account the draft draws from, submit a voided check from the new account and a note with your address and utility account number requesting the change.

If the City removes you from the ACH Direct Payment Service, you must wait twelve months before you can re-apply.

On **ALL** Final Bills the automatic withdrawal will be removed. The Final bill will require another form of payment since it will not be through auto-withdrawal

If you have any further questions, please contact the finance department at 303-665-5588. Thank you.

Sincerely,
The City of Lafayette

****RETAIN THIS COPY FOR YOUR RECORDS****

**AUTOMATIC BILL PAYMENT ENROLLMENT FORM
(PLEASE PRINT)**

(Name as shown on your bill)

(Address as shown on your bill) (City) (State) (Zip Code)

Please deduct my Automatic Bill Payment from my:

(Checking Account Number “MUST” provide a voided check)

OR

(Saving Account-“MUST” have letter from financial institution stating the routing number, the account number and name on the account)

I (we) hereby authorize the CITY OF LAFAYETTE to initiate debit entries to my (our) checking/savings account at the financial institution named above. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) can stop payment of any entry by notifying the City of Lafayette finance department in writing five (5) days before my (our) account is charged. The due date stated on the bill will be the date when the account will be charged each month. If the ACH transaction is rejected twice within a twelve month period the City will discontinue my (our) auto-withdrawal from the program. I (we) hereby acknowledge the entire rules stated in the letter attached.

(Signature)

(Date)

You are required to enclose a voided check or letter from the financial institution when using your savings account with this form.