



AUTHORIZATION FOR PREAUTHORIZED PAYMENTS
I/We authorize the CITY OF BAINBRIDGE ISLAND to initiate debit entries to my/our account at the DEPOSITORY (identified below); for the purpose of accomplishing the following preauthorized payments:

AMOUNT: **An amount equal to the "Total Due" on my billing statement.** *I will receive my normal bill. It is my responsibility to make sure I have sufficient funds to cover this transaction. If there is a question in the bill amount, it is my responsibility to call the Utility Billing department by the 15th of the month to stop the charges from being withdrawn.*

FREQUENCY: **Monthly on the 20th** or the next business day thereafter.

NOTE: Changes may not take effect the same month they are received.
 It is my responsibility to watch my bank account to make sure the automatic debit starts.

DEPOSITORY NAME: _____

BRANCH: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____ (Voided check/draft attached)

ACCOUNT NUMBER: _____ CHECKING SAVINGS _____

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and effect until the City of Bainbridge Island has received written notification from me of its termination in such time and in such manner as to afford the City of Bainbridge Island and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Print or Type): _____

Utility Billing Account # _____

Service Address _____ Bainbridge Island, WA 98110

Mailing Address _____

Email Address _____

Phone Number(s) home _____ cell _____ work _____

 (Signature) (date) (Signature) (date)

.....
 (Official use only)

Date entered into system _____ Verified _____

Date first billed _____ Verified _____

Date Removed _____