



CITY OF ESCALON

PREAUTHORIZED PAYMENT SERVICE

I (we) hereby authorize, City of Escalon hereinafter called COMPANY, to initiate debt entries to my (our) **Checking Account**/ **Savings Account** (select one) indicated below at the financial institution named below to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

PLEASE ATTACH A VOIDED CHECK	
_____	_____
Financial Institution	City, State, Zip
_____	_____
Routing Number	Account Number
<p>This authorization shall remain in full force and effect until the City of Escalon has received written notification from me of its termination in such time and in such manner as to afford the City of Escalon and the Financial Institution a reasonable opportunity to act on it.</p> <p>I understand that failure to ensure sufficient funds to cover the debit of my account for the amount listed on my utility bill is sufficient cause for termination of this agreement by the City of Escalon. Additional charges may be assessed to my utility account and the City of Escalon may terminate my utility services in such circumstance.</p>	
_____	_____
Name (Please Print)	Social Security/Drivers License Number
_____	_____
Mailing Address	Telephone Number
_____	_____
Signature	Date

LIST BELOW ALL ACCOUNTS TO BE AUTOMATICALLY PAID

City of Escalon Account #	Service Address
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City of Escalon Account #	Service Address
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Choose one: Deductions for my bi-monthly bill will be deducted as follows:

January 15th, March 15th, May 15th, July 15th, September 15th, and November 15th

February 1st, April 1st, June 1st, August 1st, October 1st, and December 1st

If the payment date falls on a weekend or holiday the payment will be deducted on the next business day.

Return to: 2060 McHenry Ave. Escalon CA 95320 * Fax to: 209.691.7409 * email: utilities@cityofescalon.org