

**CITY OF THREE RIVERS**  
**AUTHORIZATION FOR PRE-AUTHORIZED WATER/SEWER BILL PAYMENTS**

The Automatic Utility Bill Payment Plan authorizes the City of Three Rivers to deduct my utility payment, on approximately the 15<sup>th</sup> of each billing month, from the bank account of my choice. This form needs to be accurately completed, signed and returned to the City's Finance Department along with a voided check in order for the deduction to begin.

This authorization is to remain in full force and effect until one of the following occurs:

1. The City receives a written notification from me (or either of us) requesting termination of the said authorization in such time and in such manner to afford the City and the financial institution named above a reasonable opportunity to act on it.
2. The City receives two non-sufficient fund notices from the bank in any twelve (12) month period. In this situation, the customer will be notified by the City of the NSF notices, charged the applicable NSF fee and placed on a cash basis for paying City utility bills.

I also understand that if corrections in the deduction amount are necessary, it may involve an adjustment (credit or debit) to my account. THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

I (We) hereby authorize the **City of Three Rivers**, hereinafter called Company, to initiate debit entries to my (our) Checking \_\_\_\_\_ Savings \_\_\_\_\_ account (select one) indicated below and the Depository Institution named below, hereinafter called Depository, to debit the same to such account. I understand that the personal information in these transactions will be treated confidentially, but I consent to the disclosure of payment related information that is compelled by law or necessary to protect against fraud or crime. I also agree to comply with applicable state and federal law or regulation and warrant that I will not transmit any entry that violates the laws of the United States, including, without limitation, regulations of the Office of Foreign Asset Control (OFAC). I understand I will incur any losses due to errors in any information provided, or exchange loss in the event the entry is returned.

Depository Bank: \_\_\_\_\_ Branch \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing & Transit number: \_\_\_\_\_ Account Number: \_\_\_\_\_

First Effective Date: \_\_\_\_\_ Service Address: \_\_\_\_\_

This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*\*Please attach a voided check or a deposit slip if a checking account is selected.*

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**For Company Use Only**

Date Received: \_\_\_\_\_ Employee Receiving: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Terminated by: \_\_\_\_\_

Entry Date: \_\_\_\_\_