



AUTOMATIC DEBIT AUTHORIZATION for Utility Billing

Circle One: **NEW** **CHANGE** **STOP**

Property Owner/Customer Name	Utility Account Number
Service Address	Mailing Address
Customer Phone Number	Customer Email
Depository's Transit Routing Number	Checking Acct. # (attach voided check)

I hereby authorize the City of Post Falls to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any entries in error from my account indicated above on the date indicated below. I also authorize the above-named depository to debit and/or credit the same to my account.

I understand that I will still receive a utility billing statement monthly and it is my responsibility to ensure that funds are sufficient to cover the utility bill by the 15th of each month. Should my account be overdrawn at the time of debit, the City of Post Falls will charge a non-refundable NSF fee to my account. At the second occurrence of overdraft, I will no longer be eligible for this service & direct debit services will be cancelled.

I am responsible for informing the City of Post Falls of any and all changes should I choose to use another bank or my account number, routing number or branch should change. I release the City of Post Falls from any liability should an error occur due to any changes they were not informed of in writing regarding this direct debit authorization.

Customer Signature

Date Signed

Effective Date

Please read, sign, date and return to the City of Post Falls, 408 N. Spokane St, with a voided check or paperwork from your bank showing your account number and the bank's routing number.