



City of Bullhead City Finance Department

Office Location: 2355 Trane Road, Bullhead City, AZ 86442
Mailing Address: P.O. Box 23189, Bullhead City, AZ 86439-3189
Finance Customer Service Direct Line (928) 763-0166
Fax (928) 763-8828 - Email Address fincustserv@bullheadcity.com

Application for Automatic Utility Payment Deduction from Checking Account

If you would like to sign up for the Automatic Payment Processing Program for wastewater fees please read the instructions and information concerning the process. Your first automatic payment deduction will occur after receipt of completed authorization forms, and enrollment into the program. You will receive an invoice as usual, however, the words "Bank Draft" will appear in the area reserved for the due date. The actual debit from your account will occur on the bill due date, which is approximately 15 days after your billing date. If the due date occurs on a weekend day or holiday, the debit will occur on the next business day.

Please fill out the "Authorization for Automatic Payment" form located below, and return the Automatic Payment Form located below with a **voided check or photo copy of voided check in the enclosed envelope**. This document gives the City the authorization to debit your account for the regular monthly wastewater fees. If you choose to return to the regular billing process, please notify the Finance Department in writing at least 15 days prior to your billing date. In the event there are insufficient funds in your account on the day of the bank draft, you will be charged a \$30.00 service charge and be automatically placed back on the regular billing process.

Tear or cut here, and return this form with a voided check in the enclosed envelope.

Authorization for Automatic Payment Deduction by the City of Bullhead City for Utility Payments

<p>UTILITY ACCOUNT INFORMATION</p> <p>ACCOUNT NO. _____ - _____ SERVICE ADDRESS _____</p> <p>PROPERTY OWNER NAME(S): _____</p>
<p>FINANCIAL INSTITUTION INFORMATION</p> <p>BANK NAME: _____</p> <p>CHECKING ACCOUNT NUMBER: _____</p>

I/we hereby authorize the City of Bullhead City Finance Department, hereinafter called Company, to initiate debit entries and, if necessary, adjustment entries to my /our checking account indicated below and I/we further authorize the financial institution named below to accept such entries and to charge the amount thereof to such account. This authority is to remain in full force and effect until Company and Financial Institution has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it. I have read and agree to the terms and restrictions of the Automatic Payment Processing Program

NAME: _____ DAYTIME PHONE: _____

DATE _____ SIGNATURE _____ SIGNATURE: _____