



DIRECT PAYMENT PLAN APPLICATION

The City of Valentine is pleased to offer you the Direct Payment Plan service. The Direct Payment Plan is a means by which your municipal utility payment can be automatically deducted from your checking or savings account each month.

- ⇒ No more checks to write
- ⇒ No postage to pay
- ⇒ No matter where you are, your utility bill will be paid
- ⇒ No late payment charges
- ⇒ No trips to pay your utility bills in person
- ⇒ No fees for this service

Here is how the Direct Payment Plan Works:

You authorize regularly scheduled payments to be made from your checking or savings account. You will receive your utility billing statement so that you can verify its accuracy and record the amount of your payment. Your bank will automatically deduct your payment from your checking or savings account within the last five working days of every month.

Your Direct Payment Plan authorization will remain in effect until you notify us in writing to terminate the authorization.

The Direct Payment Plan is convenient, dependable, easy, and flexible. To take advantage of this valuable service, please take a moment to complete the authorization form and return it to the City.

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the City of Valentine and the financial institution named below to initiate entries to my checking or savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I understand that a service charge of \$20.00 will be paid by me if a transaction is on a closed account or an insufficient fund account.

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(ADDRESS) (CITY) (STATE) (ZIP CODE)

Type of Account (check one): Checking Savings

Financial Institution Routing Number: _____
(between these symbols |: |: on the bottom left of your check)

Your Account Number: _____

Note: If the transaction will be from a checking account, you must attach a voided check to ensure accurate processing.

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT) (TELEPHONE #)

(SIGNATURE) (DATE)