

City of Flatonia Utilities
Authorization Agreement for Automated Payments

I (we) hereby authorize the City of Flatonia, to initiate debit entries to my (our) _____Checking / _____savings account (select one) indicated below, and the depository named below, to debit same to such account on or about the 10th of each month for the monthly bills on my utilities service account.

FINANCIAL INSTITUTION

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ ABA NO. _____ ACCOUNT NO. _____

I understand the City of Flatonia will run a pre-note the first month of enrollment; this is to verify the account and routing number. The draft will go into effect the following month.

I understand that if the account being charged for my utility bill is insufficient to pay my bill, I remain liable and responsible to pay my bill in a timely manner, including any late or NSF fees that may apply.

I further understand that I may revoke this authorization to debit my above account for my utility bill at any time. If I revoke this authorization, I understand that I must give written notice of such revocation to the City of Flatonia.

This authority is to remain in full force and effect until the City of Flatonia and the financial institution in question have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Flatonia and the financial institution in question a reasonable opportunity to act on it.

I understand a new account requires a Pre-note and I must continue to make regular monthly payments until I receive a bill that states "BANK DRAFT- DO NOT PAY"

Initials _____

NAME ON UTILITY ACCOUNT _____
(Please print or type)

SIGNATURE: _____ Date: _____

UTILITY ACCOUNT NUMBER(S) _____

TITLE (if a commercial account) _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

City of Flatonia
Flatonia Volunteer Fire Department Donation

The City of Flatonia has begun to offer its utility customers the option of making a \$3 donation to the Flatonia Volunteer Fire Department with their utility bills. If you, as an Auto Draft or Statement Bill customer, would like to participate in this and make the **voluntary** \$3 monthly donation, we ask that you fill out this form and return it to City Hall.

The \$3 donation is not mandatory and may be cancelled at anytime, but the City hopes that all utility customers who can will make the donation in order to help the fire department with the many costs involved in running the fire department: vehicles, maintenance, equipment, supplies, etc.

I (we) hereby authorize the City of Flatonia, to add the \$3 donation to my utility account for the Volunteer Flatonia Fire Department.

Date: _____

Name on Utility Account _____

Utility Account number(s) _____

Print Name _____

Signature _____

Title (if a commercial account) _____

If you have any questions about the donation program please call the City of Flatonia at 865-3548.