

CITY OF INWOOD
PRESENTS AN EASIER WAY TO PAY

Save time and money with the Automatic Payment Plan by having your monthly water bill deducted from your checking account. This FREE SERVICE is available to City of Inwood customers. Some benefits of the Automatic Payment Plan are:

1. No more writing a check to City of Inwood for your utility bill
2. Your utility bill will be paid by the due date – no more worrying about getting your check to our office on time.
3. Accurate record keeping from your bank shows the direct payment you make to City of Inwood on your bank statement.

Your bank automatically transfers the amount of your monthly statement from your account to City of Inwood each month. The amount due will be transferred out of your account on the 10th of each month for payment of your utility bill. You will still receive your monthly statement indicating the amount that will be withdrawn from your account.

Important: Please attach a voided check to this form.

CUSTOMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (DEBIT ENTRIES)

I (we) hereby authorize City of Inwood to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits) to debit my (our) Checking or Savings Account indicated below at the depository institution named below, hereinafter called DEPOSITORY. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Financial Institution Name: _____ Checking or Savings (circle one)

Routing & Transit Number: _____ Bank Account Number: _____

Payments to begin: _____ and to be made on the 10th day of each month.

Account Holder Name: _____

City of Inwood Account # _____

Amount of debit or method of determining amount of debit (such as monthly bill or if applicable specify range of acceptable amounts) _____

I (we) agree that ACH transactions that I (we) authorize comply with all applicable laws. I (we) understand that 2 or more payments in a 12-month period resulting in overdraft of my account may result in termination of ACH transactions. I (we) understand that this authorization will remain in full force and effect until I (we) notify the City of Inwood in writing that I wish to revoke this authorization. I (we) understand that City of Inwood requires at least 5 days prior notice in writing in order to cancel this authorization.

Signature: _____ Date: _____

(Important: Please attach a voided check to this form)