CITY OF CEDAR HILLS

3925 West Cedar Hills Drive, Cedar Hills, Utah 84062
Telephone: 801-785-9668 Fax: 801-796-3543

DIRECT PAY AUTHORIZATION

Every month, the City of Cedar Hills will debit your personal checking/savings/share draft account for the total amount of your City utility billing. You will continue to receive your City utility billing as you normally would; however, no manual payment will need to be made as the **full amount due will be electronically deducted from your account on the 10th or the 25th of each month, whichever of these two dates you choose.**

As a participant of Direct Pay, I agree to and/or understand all of the following:

- If my account is past due upon set up, I authorize the City of Cedar Hills to debit the entire past due amount.
- I authorize the City of Cedar Hills to debit my checking or savings account for the monthly charges on the specified date for utility services.
- I will ensure that sufficient funds are in my checking or savings account to cover my bill.
- Two refused electronic fund transfers may cancel this agreement at the option of the City of Cedar Hills.
- I will promptly notify the City of Cedar Hills of any change to my checking or savings account. If a change occurs, it is my responsibility to provide the City of Cedar Hills with the current account information.

ACCOUNT INFORMATION (Bank, Savings and Loan, Credit Union)

Financial Institution: _____

Account Type: (check one)

_____ Savings _____ Checking or Share Draft

Transit/ABA Number: __ __ __ __ __ __ __ __ __
(Usually the first 9 digits on the bottom of your check)

Bank Account Number:_____

Withdrawal Date (circle one): 10th 25th

IMPORTANT: Please attach a voided check to this form. (Do not give a Deposit Slip)

AUTHORIZATION

I hereby authorize the City of Cedar Hills to initiate debits (payments) or credits (corrections) to the financial institution indicated above for the purpose of paying my monthly utility bill with the City of Cedar Hills. The financial institution is authorized to debit/credit my account. This authority is to remain in full force and effect until either I revoke it by giving 15 days prior written notice to the City of Cedar Hills, it is canceled by the City under the conditions stated above, or upon termination of my service with the City of Cedar Hills. I have also read and agree to the terms and conditions outlined above.

_____ Customer Signature

_____ Date

_____ Customer Name (Please print)

_____ City Utility Account Number

OFFICE USE ONLY

_____ Start _____ Change _____ Cancel

Effective Date: _____

_____ Accounting Staff

_____ Entry Date

_____ Entered by: