City of GLADSTONE

Utility Billing

Phone: (503) 557-2771

AUTHORIZATION AGREEMENT FOR AUTO PAY (ACH DEBITS)

Utility Account Number:_____

Print Customer Name(s):_____

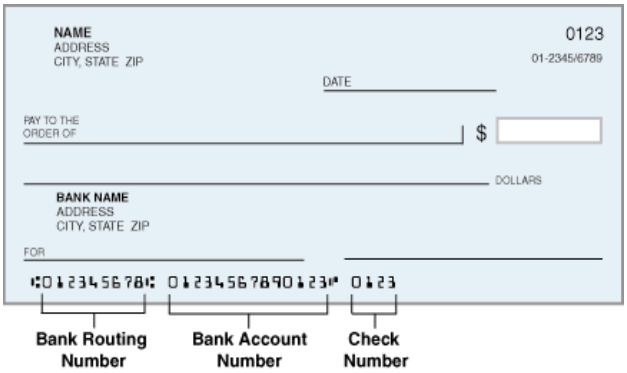
Service Address:_____

Phone Number _____

I/we hereby authorize the City of Gladstone, hereinafter called the CITY, to initiate debit entries to my/our ☐ Checking ☐ Savings account (select one) in the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Funds will be withdrawn on the **due date** for the **amount due** listed on your billing statement, no alternative payment dates are available.

Bank Name:																
ABA routing number:																
Account number:																
☐ Checking (Please include a check marked "VOID") ☐ Savings																



I acknowledge this authorization is to remain in full force and effect until the CITY has received written notification from the customer to terminate ACH transactions. I understand that since this process only occurs bimonthly it can take up to 25 days from the date the CITY receives notification of termination to actually stop the ACH transactions. Furthermore, I agree to notify the City of Gladstone in writing of any changes in my account information at least 25 days before the next billing date. If an ACH Transaction is rejected I understand my account will be charged a returned check charge and the City of Gladstone may at its discretion attempt to process the account for payment in full within 30 days. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Signature:_____ Date:_____

RETURN TO: CITY OF GLADSTONE • 525 PORTLAND AVENUE • GLADSTONE OREGON 97027