

CITY OF MONTICELLO
AUTHORIZATION FOR DIRECT PAYMENT OF UTILITY BILL

I authorize you and the financial institution listed below to initial electronic debit entries, and if necessary, credit entries and adjustments for any entries in error to my:

_____ Checking Account _____ Savings Account

for payment of my City utility bill on the 5th of each month. This authority will remain in effect until I have cancelled this authority in writing.

I understand that, should insufficient funds be available in my account at the time the electronic debit is made, that a return EFT fee in the amount of \$20.00 will be charged to me.

Name on City Utility Account: _____

Financial Institution: _____

Branch: _____

**SIGNATURE OF CHECKING/
SAVINGS ACCOUNT OWNER:** _____

[STAPLE VOIDED CHECK HERE]