



Automatic Debit Authorization for Utility Billing

A form is required for each account

NEW

CHANGE

STOP

Customer Name		Customer Utility Account Number	
Service Address		Owner or Tenant	
E-Mail Address		Would you like e-billing? Yes or No	
Bank's Transit Routing Number	Bank Acct. #(attach voided check)	Checking or Savings	

*IMPORTANT INFORMATION: The City is required to process your ACH through a preliminary pre-note process that allows the banking system to route your information from the Utility Dept. to your banking institution and back to the Utility Dept. **without funds**. You will need to manually pay your bill until you are notified by the statement "DO NOT PAY – AUTODRAFT" on your bill.*

I hereby authorize the City of Sandpoint to initiate deductions and the financial institution below to transfer payment for and in the amount of my monthly utility bills from my checking or savings.

I understand that I will still receive a utility billing statement monthly and it is my responsibility to ensure that funds are sufficient to cover the utility bill by the 15th of each month. Should my account be overdrawn at the time of debit, the City of Sandpoint will reverse the payment and charge a non-refundable Returned Item Fee to my account.

I am responsible for informing the City of Sandpoint in writing of any and all changes should I choose to use another bank or if my account number, routing number or branch should change. I release the City of Sandpoint from any liability should an error occur due to any changes they were not informed of in writing regarding this direct debit authorization.

Print and mail completed form to City of Sandpoint Finance Department, 1123 Lake St, Sandpoint ID, 83864 or email to mmancuso@sandpointidaho.gov If you have any questions regarding this form please call 208-263-3561

******Attach a voided blank check (not a deposit slip!)**

Customer Signature

Date Signed

Effective Date

FOR OFFICE USE ONLY

PRENOTE DATE: