



# City of Etna

## UTILITY DIRECT DEBIT FORM

Name on your account: \_\_\_\_\_

Street address: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes, I want paperless billing when available. Email: \_\_\_\_\_

Name(s) on Bank Account: _____	
Routing Number: _____	Account Number: _____
Or attach a voided check:	

### Conditions of Authorization:

- The City of Etna will deduct the outstanding balance of the customer's account from the customer's bank account on the 10<sup>th</sup> of each month.
- The City will notify customers in writing at least one billing cycle prior to a change in the base billing amount.
- If funds are not available at the scheduled time of debiting, an NSF fee of \$25.00 will be assessed to the Customer's account.
- The Customer may terminate this Agreement by giving written notice at least 15 days prior to the next billing cycle.

By signing below, I/we authorize the City of Etna to debit my/our account for all amounts due.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date