

# Town of Kinder

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## Direct Payment Plan Authorization

We are pleased to offer you a new service – the Direct Payment Plan. Now you can have your payment deducted automatically from your checking/savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time – fewer checks to write.
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.
- It saves postage
- No late charges

### Here's how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking/savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day and proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

### All you need to do is:

1. Mark the box before type of account to indicate whether your payment will be deducted from either by checking/savings account.
2. Fill in your name, financial institution name and location, and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.
4. Fill in your Utility services account number and the physical address where the services are rendered.

**NOTE:** Be sure to sign the form, if not signed then the authorization is void.

## AUTHORIZATION FOR DIRECT PAYMENT

I authorize TOWN OF KINDER to initiate electronic debit entries to my:

\_\_\_\_\_ **CHECKING ACCOUNT**      \_\_\_\_\_ **SAVINGS ACCOUNT**

for payment of my Utility bill. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

**Date:** \_\_\_\_\_

Financial Institution Name (Please Print): \_\_\_\_\_

Financial Institution **Account Number:** \_\_\_\_\_

Financial Institution **Routing Number:** \_\_\_\_\_

Financial Institution Address, City and State: \_\_\_\_\_

Town of Kinder **Utility Account Number:** \_\_\_\_\_

**Physical Address where services are rendered:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Phone number of account holder:** \_\_\_\_\_

**PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS!**

**Office Use only:**

**Bank No.** \_\_\_\_\_