



COMPLETE THIS FORM

TO AUTHORIZE ELECTRONIC PAYMENTS AND/OR PAPERLESS BILLING

Account No. _____ Email Address _____

Name _____ Telephone _____

Service Address _____

Financial Institution Information

Name of Bank _____ Checking Other

Routing No. _____ Account No. _____

ATTACH A VOIDED CHECK. IF YOU DO NOT HAVE ONE, REQUEST FROM YOUR BANK A **DIRECT DEBIT FORM TO VERIFY YOUR ACCOUNT.**

SELECT ONE OR BOTH OPTIONS BELOW BY SIGNING AND DATING THE AUTHORIZATION(S):

Automatic Utility Bill Payment Authorization

I hereby authorize the City of Mt. Shasta (City) to electronically receive payments for my utility bill directly from my bank account. I understand that I will continue to receive my utility bill each month and that on the third Wednesday of the month my bank account will be debited for the total amount due. I further understand that if I have a dispute with my bill, I must notify the City at least seven (7) days prior to the third Wednesday of the month in order to stop this automatic payment. I understand I must have the necessary funds available in my bank account on the withdrawal date or the City will assess a non-sufficient funds (NSF) fee and require manual payment for the non-sufficient funds. I realize that two (2) NSF situations within a twelve-month period may lead to the termination of my automatic payment. I also understand that final bills on closed utility accounts will not be paid automatically and must be paid manually. This authorization will be in effect until my account and/or the automatic payment program is terminated by the City, or until I have given the City notice to cancel this agreement. The City reserves the right to terminate this program at any time.

Signature _____ Date _____

Paperless Billing Authorization

I hereby authorize the City of Mt Shasta (City) to send my utility bill electronically by email provided above. I understand the City is not responsible for undeliverable emails. I further understand I am required to submit payments by the utility bill due date regardless if an email is received or not. Past due fees will not be waived if an email is not received. It is my responsibility to ensure payment is made in the absence of a bill.

Signature _____ Date _____

Completed forms **must be received by the 20th of the month in order to have automatic utility payment or paperless billing become effective the following month.**

FOR OFFICE USE ONLY:

Date Received: _____ Work Order #: _____