



TOWN OF NACHES

AUTOMATIC PAYMENT PLAN

The convenient Automatic Payment Plan (APP) will give you peace of mind and save the cost of buying stamps. With the APP, your bank account is automatically debited on the day that your payment is due so you can be assured that your utility bill will be paid on time every month. Electronic transactions are protected by federal regulation. You may cancel the APP by contacting the Town of Naches by at least the 15th day of the month in which you desire to discontinue participation.

To sign up for the Automatic Payment Plan, please fill out the form below and return it to the Town of Naches. (If you have multiple utility accounts you wish to enroll in the APP, attach a listing of those accounts).

Automatic Payment Plan Authorization Agreement

I (we) herby authorize the Town of Naches to automatically withdraw from my (our) bank account identified below the amount due on my (our) monthly billing statement(s) for the utility account(s) listed below. I (we) authorize the Financial Institution listed below to accept such withdrawals initiated by the Town of Naches. **Withdrawals shall be made from (our) bank account on the 20th day of each month, or the next working day if the 20th falls on a weekend or holiday.**

Utility Account #: _____

Customer Name(s): _____

Services Address(es): _____

Customer Phone Number: _____

Financial Institution: _____

Checking Account #: _____ Checking: ☐ Savings: ☐

Transit Routing #: _____
(First 9 numbers on the encoded line at the bottom of the check)

This authorization is to remain in effect until the Town of Naches and the Financial Institution have received notification from me of termination. I (we) understand that such notification must be received by the Town of Naches by the 15th day of the month in which I (we) desire to terminate participation. I am (we are) aware of my (our) right to stop payment of a withdrawal by notifying the Financial Institution at any time up to 3 business days before the withdrawal date. If a withdrawal is refused by my (our) Financial Institution due to insufficient funds, my (our) utility account will be assessed a \$25.00 NSF fee.

Signature: _____ Date: _____