



## **Application for Automatic Bank Draft Utility Payments**

*Re: City of Oil City Ordinance No. 2663*

Direct questions to the **Oil City Utility Department** at 814-678-3002. Return completed applications in person to the Oil City Utility Department on the first floor of City Hall, 21 Seneca St., Oil City, PA 16301.

### **Instructions**

1. This form must be completed and turned in (received by the Utility Department), along with a voided check, by the 28<sup>th</sup> of the month to become effective for the following month.
2. Your account must be at a zero balance.

### **Terms and Conditions**

- Once enrolled you will still receive a monthly bill that will indicate: "AUTO BANK PMT". The amount due will be deducted from your bank account on the due date.
- To cancel enrollment, you must notify the Utility Department before the 28<sup>th</sup> of the month for de-enrollment to become effective for the following month.
- The bank draft is created with the bill and cannot be stopped/canceled once the bill is generated.
- A returned bank draft may incur additional fees.



**For Official Use Only**

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

Acct #: \_\_\_\_\_

Bill ID #: \_\_\_\_\_

## Authorization for Automatic Bank Draft Utility Payments

*Re: City of Oil City Ordinance No. 2663*

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### SERVICE ADDRESS INFORMATION

*Please attach additional sheets if necessary*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### PAYMENT INFORMATION

Name on Bank Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type:     Checking     Savings

*I hereby authorize the City of Oil City to debit the account shown above when my monthly utility payment is due. I authorize the bank or financial institution shown above to accept such debits without responsibility for their correctness.*

*This authority is to remain in full force and effect until the City of Oil City has received notification from me of its termination. I understand that such notification must be received before the 28<sup>th</sup> of the month to become effective for the following month's billing period. I further understand that the bank draft is created with the bill and cannot be stopped or canceled during the same month I've requested to terminate my automatic payments.*

\_\_\_\_\_  
*Applicant Signature*

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