

CITY OF HALLSVILLE

AUTOMATIC BILL PAYMENT ENROLLMENT FORM



for

 X CITY UTILITY BILLS (WATER, SEWER, AND/OR GARBAGE)

PERSONAL INFORMATION:

SERVICE ADDRESS:				
PROPERTY OWNER'S NAME:				
NAME AS SHOWN ON UTILITY BILL:				
MAILING ADDRESS:				
CITY/STATE/ZIP:				
TELEPHONE:	()	-	This phone is:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Message
IF WE NEED TO CONTACT YOU, THE BEST TIME TO CALL IS:				

FINANCIAL INFORMATION:

<input type="checkbox"/>
<input type="checkbox"/>

Checking Account – Please attach a voided check.
 Savings Account – Please attach copy of bank document showing typed account number (not hand written)

NAME OF FINANCIAL INSTITUTION:	
ABA/ROUTING NUMBER:	
BANK ACCOUNT NUMBER:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

MISCELLANEOUS INFORMATION (Please initial by each item that you have read said item):

	1. I understand all information provided here shall remain confidential.
	2. Date to deduct first payment:
	3. I authorize the City of Hallsville to deduct my payments directly from my account as listed above.
	4. I agree that if/when I no longer wish to participate in this program, I will notify the city in writing.
	5. I understand that if any time my automatic payment does not go through due to lack of funds in the account, I will be charged the \$35.00 Non-Sufficient Fund fee by the City of Hallsville, and I will automatically be removed from the Automatic Bill Payment Program.

RETURN FORM TO:

CITY OF HALLSVILLE
 115 WEST MAIN ST
 PO BOX 899
 HALLSVILLE, TX 75650
 903-668-2313

Customer's Signature

Date Signed

ATTENTION: CITY EMPLOYEE RECEIVING THIS FORM:

Please provide the customer with a photocopy of the completed, signed form.