## **CITY OF HALLSVILLE**

## **AUTOMATIC BILL PAYMENT ENROLLMENT FORM**

for

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

PERSONAL	INFORMATION:			- 3 - 400 - 1000			
	SE	RVICE ADDRESS:					
PROPERTY OWNER'S NAME:							
NAME AS SHOWN ON UTILITY BILL:							
	M	AILING ADDRESS:	п				
		CITY/STATE/ZIP:					
TELEPHONE:	( )	-	This phone is:	Home	Work	Cell	Message
IF WE NEED TO CONTACT YOU, THE BEST TIME TO CALL IS:							
FINANCIAL INFORMATION:			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 Typ	e: Checking	Savings	
MISCELLAN	NEOUS INFORMA	TION (Please ini	tial by each item that yo	u have re	ad 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.							
<b>RETURN FO</b>	RM TO:						

Date Signed

HALLSVILLE, TX 75650

903-668-2313

**ATTENTION: CITY EMPLOYEE RECEIVING THIS FORM:** 

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