

Account Number: _____

UTILICHECK (ELECTRONIC FUND TRANSFER AUTHORIZATION)

Utilicheck can help simplify your monthly bill paying by automatically deducting your utility payment from your checking or savings account, or by charging your VISA, MasterCard, Discover, or American Express. This saves you time and money. Your bill is paid on time every month and you won't have to worry about your check being lost or stolen. Utilicheck is convenient, secure, economical, and free.

Each month you will receive a utility bill stating the amount to be deducted. The amount will be deducted no earlier than the due date noted on the bill. Your monthly account statement from your bank or credit card company will show the date and amount of your payment.

The bank deduction will become active when your bill states 'DO NOT PAY: PAID BY DRAFT'; the credit card bill states 'DO NOT PAY: PAID BY CREDIT CARD DRAFT'. To make changes to or cancel Utilicheck, please notify the City **in writing** ten (10) days prior to the due date on your bill.

*Credit card information will need to be updated prior to the expiration date to continue the automatic deduction.

After completing the authorization form, please return it to the City of Forest Grove, PO Box 326, Forest Grove, OR 97116. Please read the following information completely, and allow a minimum of thirty (30) working days (one billing cycle) for processing. If you have questions, call the City's Utility Office at (503) 992-3221.

I authorize the City of Forest Grove Utility Office to debit my financial institution or credit card listed below in the amount of my bill not before the designated due date each month. This shall remain in effect until cancelled in writing, or I am removed for cause. I understand the City's Non-Sufficient Funds (NSF) policies & procedures also apply to the Utilicheck program. If a NSF occurs, I understand I must remit payment to the City, including fees, before the next draft or I may be removed for cause.

Name(s) of Customer: _____ Phone: _____

Service Address: _____

Bank Account: Checking Savings **Must include a pre-printed voided CHECK.**

Bank Name: _____ Routing #: _____ Bank Account #: _____

Name(s) as appears on Bank Account or Credit Card: _____

Credit Card: VISA MasterCard Discover American Express

Credit Card #: _____ *Expiration Date: _____

(Please call the utility office prior to the expiration date to update credit card information.)

Address Credit Card Statement Mails to: _____

(including zip code, if different than the service address listed above)

Signature: _____ Date: _____

**** Please retain a copy for your records ****

***** Office Use Only *****

Date Set Up _____ New? Set Up By _____ Received By/Date _____