Authorizations of Automatic Payment Withdrawal

The City of Galesville now offers the **option** of having your utility payments automatically deducted from either a checking or savings account. This not only saves you money on checks and postage, but it assures that your bill will be paid on time. Whether you're at home or on vacation, you never have to worry about getting your payments in on time. We did it for you.

Instructions:

1. Read Automatic Payment Terms & Conditions on reverse of this form.
2. Please complete information in all sections on this page.
3. Sign and date form.
4. Return completed form to City of Galesville.
5. Keep a copy of this document for your records.

Name (s) on Acct: _____

Service Address: _____

Utility Account Number: _____**Phone Number:** _____

Bank Name: _____ **Address**: _____

Routing Number: _____ **Account Number**: _____

Acct Type: _____Checking (attach VOIDED check) _____Savings

Debit transaction frequency:

☐ **Recurring Entries** (entries that recur at substantially regular intervals, without further affirmative action by the Receiver)

Date of first debit: _____

Frequency of debits: _____

I hereby authorize the City of Galesville to initiate entries to my account at the Financial Institution named above, and authorize that Financial Institution to debit my account for those entries. The authority is to remain in full force and effect until the City of Galesville has received written notification from the authorized account signer(s) at least 30 days in advance of the next schedule payment. I have the right to stop payment on an individual entry or have entries corrected by timely notification to my Financial Institution. City of Galesville also has the right to cancel this agreement by notice to me. I further understand that it is my responsibility to notify the City of any changes in Financial Institution or accounts therein that could affect the city's ability to satisfy this automatic payment authorization. I have read and agree to the terms and conditions listed on the back of this form.

I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provisions of United States law, and I (we) agree to be bound by the provisions of the Nacha Operating Rules.

_____	_____	_____
(Print Individual Name)	(Signature)	(Date Authorized)
_____	_____	_____
(Print Individual Name)	(Signature)	(Date Authorized)

Customers of the City of Galesville, by signing this Authorization of Automatic Payment Withdrawal for Utility Bills, agree to the following terms and conditions:

INVOICING

Customers who enroll in the direct payment program will continue to receive their regular quarterly billing notice either by mail or email (if signed up). If you do NOT receive your bill by the 5th of the month, contact us immediately at 608-582-2475. You will be responsible for reviewing your bill upon receipt, and contacting us with any billing questions or disputes at least 5 days BEFORE the automatic payment is withdrawn on the bill's due date.

AUTOMATIC PAYMENTS

Payments will be deducted quarterly from your financial institution account on the due date stated on your bill. Automatic withdrawal will begin with the next billing cycle after enrollment into the program. Please continue to pay your bill by check, cash or credit card until "**DIRECT PAYMENT"** appears on your utility bill. The automatic withdrawal will occur on your due date even if you elect to make additional payments outside of the direct payment program. If your due date falls on a weekend or holiday, the automatic payment will be debited from your designated account the following business day.

CONDITIONS THAT MAY CAUSE AUTOMATIC PAYMENT TO BE CANCELLED

Customers using the automatic payment system are responsible for maintaining sufficient funds in their account for the date on which payments are drawn, as well as notifying the city of any changes in Financial Institution or account therein that could affect the city's ability to satisfy this automatic payment authorization. Any customer having insufficient funds in their account or a closed account twice withing a six-month period shall be disqualified from using the automatic payment system. The account holder will be responsible for all fees charged by their financial institution for insufficient funds as well as a $25.00 NSF and Returned payment fees charged to their utility account.

If a customer wishes to discontinue participation in the direct payment program, the City of Galesville must receive a written request from the authorized signer(s) at least 30 days in advance of the next scheduled payment.

If a customer enrolled in the direct payment program moves, their program enrollment will automatically end and the final bill will have to be paid with cash, check, debit or credit card . If a customer would like to continue the direct payment plan at a new address in the city, a new enrollment form must be completed for that account.

SERVICE FEES

Information provided on this form will be used solely for purposes of processing payments on customer's accounts and for no further purpose. Currently, there is no charge for this service to customers. If the utility's financial institution changes their policy and assesses a fee for the service, Public Service Commission rules require the utility to pass these fees on to the customer. Written notice will be provided to enrolled customers prior to assessing any processing fees.