CITY OF BEND

City of Bend Authorization Agreement for Automatic Payment

Phone: (541) 388-5515 Fax: (541) 385-6675

☐ New Authorization ☐ Change Authorization ☐ Stop Authorization

Utility Account # (as it appears on your bill): _____

Utility Account Customer Name: _____

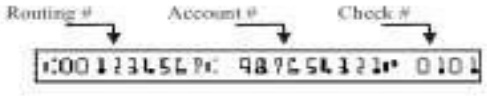
Service Address: _____

Mailing Address (if different): _____

Contact Phone #: _____ Alternate Phone #: _____

Bank Name/Address: _____

Bank Account Number: _____



Bank Routing - Transit Number: _____

☐ **Checking Account (Include Voided Blank Check ONLY, for account number verification)**

☐ **Or**
Savings Account (Attach/Enclose a teller slip for account number verification)

I authorize my financial institution to debit my bank account each billing cycle and credit/pay the City of Bend for utility service on the bank account referenced above. I understand that a fee will be charged by the City for all transaction resulting in insufficient/unavailable and that my utility service will continue to be subject to late fees and disconnection for failure to pay a bill by the due date. I understand and agree that the City shall not be responsible for errors or omissions of my Financial Institution, and that my obligation to timely pay a utility bill remains in force regardless of errors and omissions by the Financial Institution. I have the right to discontinue participation by notifying the City **in writing at least seven (7) business days** prior to the due date of payment. If I elect to discontinue participation, I will still be responsible for the payment of my bill by the due date. I further understand that both my Financial Institution and the City reserve the right to terminate this Automatic Bill Payment Agreement or my participation at any time without prior notice.

Automatic payments will usually begin within two billing cycles after receipt of your authorization form, but the timing of commencement of automatic payments is not guaranteed by the City and is subject to approval of your Financial Institution. Any balance due on your utility account should be paid prior to startup of the Automatic Bill Payment program. If the balance is not paid, the first automatic withdrawal from your bank account will deduct the entire amount owed on your utility account. The City of Bend must be notified immediately at any time you change Financial Institutions or bank account information in order to prevent returns on payment requests.

Your checking/savings account will be drafted on the due date indicated on the City utility statement. You will know that the automatic withdrawal request is in effect once the statement "BANK DRAFT BILL - DO NOT PAY" appears on your utility statement.

Your Financial Institution may require you fill out additional documentation to initiate this program. Some Financial Institutions may also include a charge or fee for processing automatic payments. Please check with your Financial Institution for any such additional program requirements.

AGREED AND ACCEPTED BY:

Print Name: _____
First Name Last Name

Signature: _____ Date: _____

Please sign and return to the City of Bend:

Physical Address:
City of Bend Finance Dept.
639 NW Franklin Avenue
Bend, OR 97703

Mailing Address:
City of Bend Finance Dept.
PO Box 1024
Bend, OR 97709

For Internal Use Only:

Date Completed: _____

Initials: _____