

City of Llano

Direct Payment – UTILITY BILLS

We are pleased to offer you a new service – the *Direct Payment* Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The *Direct Payment* Plan will help you in several ways:

- It saves time-fewer checks to write.
- Helps meet your commitment in a convenient and timely manner-even if you're on vacation or out of town.
- No lost or misplaced statements, your payment is always on time-it helps maintain good credit.
- It saves postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

Here's how the *Direct Payment* Plan works:

You authorize monthly utility bills from the City of Llano to be paid from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the 25th day of each month. If the 25th falls on a weekend or holiday, it will be the next business day. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The *Direct Payment* Plan is dependable, flexible, convenient, and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

1. Mark the box before the type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in all the blanks below.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please provide a printout or screenshot with your account number and routing number.

NOTE: BE SURE TO SIGN THE FORM!

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the City of Llano to initiate electronic debit entries to my:

Checking account or Savings account

for payment of my utility bills. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

Date: _____

Financial Institution Name (please print): _____

Account Number at Financial Institution: _____

Financial Institution Routing/Transit Number: _____

Financial Institution City and State: _____

Signature: _____

STAPLE VOIDED
CHECK HERE

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS