

City Account# \_\_\_\_\_

**CITY OF MONTICELLO  
AUTHORIZATION FOR DIRECT PAYMENT OF UTILITY BILL**

I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any entries in error to my:

\_\_\_\_\_ Checking Account                      \_\_\_\_\_ Savings Account

for payment of my City utility bill on the 5<sup>th</sup> of each month. This authority will remain in effect until I have cancelled this authority in writing.

I understand that, should insufficient funds be available in my account at the time the electronic debit is made, that a return EFT fee in the amount of \$25.00 will be charged for EFTs amounting to less than \$100 and \$35 for EFTs amounting to \$100 or more.

Name on City Utility Account: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**SIGNATURE OF CHECKING/  
SAVINGS ACCOUNT OWNER:** \_\_\_\_\_

[STAPLE VOIDED CHECK HERE]

OR LIST

ROUTING # \_\_\_\_\_

AND

ACCOUNT # \_\_\_\_\_