



City of Medical Lake
 S. 124 Lefevre St.
 Medical Lake, WA 99022

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as "CITY OF MEDICAL UTILITY DD ELECTRONIC WITHDRAWAL."

Please complete the information below:

I _____ authorize the City of Medical Lake to charge my bank account indicated below on the last working day of each month for payment of my City utility bill.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City of Medical Lake in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the City of Medical Lake may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____

Checking/ Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Last 4 Numbers of Account Number _____

Bank Routing # _____

Bank City/State _____

Routing Number Last 4 Numbers of Account Number

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