Electronic Fund Transfer (EFT) Recurring Payment Authorization

City 232 W. Sierra M 626.355 www.ci

City of Sierra Madre 232 W. Sierra Madre Blvd. Sierra Madre, CA 91024 626.355.7135 www.cityofsierramadre.com

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Schedule your utility bill payment to be automatically deducted from your credit card or bank account (checking or savings) by completing and signing this form.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
- You will receive your bill prior to the electronic funds transfer
- You may sign up for email notification prior to payment withdrawal.*

Here's How Recurring Payments Work:

By authorizing regularly scheduled charges to your credit card, checking or savings account, you will be automatically charged the amount indicated on your City of Sierra Madre utility bill. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." The City of Sierra Madre bills bi-monthly and your payment will come out at the end of the month based upon your billing cycle. The City of Sierra Madre also has level pay options which can be applied for separately.

Please Complete the Information Below				
credit card or bank a	account indicated on t f my City utility bill for	his form on the last day of the	Sierra Madre to charge my month on a bimonthly billing	
City Utility Acco	unt Number:			
Pho	one Number:			
		□ *E	Enroll me in in paperless billing	
	Credit Car	d Payment Authorization		
Credit Card:	□ Visa	\square MasterCard	☐ Discover	
Credit Card Number	:	Expiration Date:		
Exact name as it app	ears on the credit car	d:		
Billing address (if dif	ferent from service ac	ddress):		

Bank Payment Authorization				
Account Type:	☐ Checking	☐ Savings		
Name on Account:				
Bank Name:		Bank City/State:		
Account Number:		Routing Number:		
	FOR	Account Number		
	Author	ization to Enroll		
notify City of Sierra Mathis authorization at least a weekend or holiday, I understand that becaus account as stated on my be charged a return item must comply with the proso long as the transaction	dre in writing of any st 15 days prior to the understand that the e this is an electronic utility bill. I underst n fee. I acknowledge rovisions of U.S. law. I and correspond to the	nain in effect until I cancel it in writing, and I agree to changes in my account information or termination of e next billing date. If the periodic payment dates fall on payment may be executed on the next business day. I c transaction, these funds may be withdrawn from my and that payments returned unpaid for any reason will that the origination of ACH transactions to my account agree not to dispute this recurring billing with my bank e terms indicated in this authorization form.		
Signature:		Date:		
	Cancel Aut	omatic Withdrawal		
utility billing. I understandate, my next payment	and that if this form in will be automatical to dispute this recu	participation in ETF recurring payment service for my is not received at least 15 days prior to my next billing ly withdrawn from my bank account / charged to my rring billing with my bank so long as the transactions thorization form.		
Signature:		Date:		
City Utility Account	Number:			
Service	Address:			
	N l			
	Email:			