



CITY of THE DALLES

313 COURT STREET
THE DALLES, OREGON 97058
(541) 296-5481
FAX (541) 296-6906

AUTOMATIC PAYMENTS

Let us make paying your utility bill more convenient. The City offers you the ability to have water and sewer bills automatically deducted from your checking or savings accounts.

It's easy and it saves you time and money. There is no longer a need to write a check and send it to the City. Simply note the amount of the deduction in your checkbook and your bill is paid!

You will still receive your regular monthly utility bill indicating the amount to be drafted from your bank account. Bank drafts withdraw from your checking or savings account on the 18th of each month. Sign up by the 20th of the month to start AutoPay the following month. The bill will state "AutoPay" or "Bank-Draft" when it is in effect.

To take advantage of this time saving opportunity:

1. Fill out the bank drafting application form at the bottom of this sheet.
2. Attach a voided check.
3. Provide two signatures if necessary.
4. Return the completed form to the City of The Dalles Finance Department (address above).

Please Note:

- If you have more than one utility account with the same customer number, all accounts will be bank drafted.
- If there are insufficient funds in your bank account when the bank draft is executed, your account will be treated as though you had written a check that had been returned for insufficient funds. A penalty will be assessed and your account will be in a delinquent state until you provide payment in full by cash or credit card. A second instance of insufficient funds will result in withdrawal of our bank drafting services for your accounts.

BANK DRAFTING APPLICATION FORM

I (we) hereby authorize the City of The Dalles, hereinafter called City, to initiate entries to my (our) bank account and the depository named below, hereinafter call Depository, to charge the same to my account. (Please print legibly)

Depository Name (Your Bank) _____ Branch _____

City _____ State _____ Zip _____ Transit/ABA No. _____

Account No. _____ Checking _____ Savings _____

This authority is to remain in full force and effect until the City and Depository have received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City and Depository a reasonable opportunity to act on it.

Name(s) _____ Date _____

Phone # _____ City Utility Account# _____

Service Address _____

Signature _____ Signature _____