



Highland City Direct Pay Authorization

5400 West Civic Center Drive, Suite 1, Highland, Utah 84003
Office Hours: Mon - Thurs, 7:30am - 6:00pm, Closed Friday
Office (801) 772-4510 | Fax (801) 756-6903

Highland City will debit your personal checking/savings account for the total amount of your monthly City utility bill. You will continue to receive your City utility bill as you normally would; however, no manual payment will need to be made as the full amount due will be electronically deducted from your account on the 20th of each month, or as close as possible due to weekends and holidays.

As a participant of Direct Pay, I agree to, and understand all of the following:

1. If my account is past due upon set up, I authorize the Highland City to debit the entire past due amount.
2. I authorize the City to debit my checking or savings account for the monthly charges on the specified date with the exceptions of weekends and holidays.
3. I will ensure that sufficient funds are in my checking account or savings account to cover my bill.
4. Two refused electronic funds transfers may cancel this agreement at the option of Highland City.
5. I will promptly notify Highland City of any change to my checking or savings account. If a change occurs, it is my responsibility to provide Highland City with the current information.

ACCOUNT INFORMATION

Customer Name: _____ Account Number: _____

Service Address: _____

Phone Number: _____ Email Address: _____

Financial Institution: _____ Account Type: Checking _____ Savings _____

Transit/ABA Number: _____ Bank Account Number: _____

(First 9 digits on the bottom of your check) (Series of numbers following the Transit/ABA Number)

Withdrawal Date: 20th of each month with the exception of weekends and holidays

REQUIRED: Please attach a voided check to this form. (Do not attach a deposit slip)

AUTHORIZATION

I hereby authorize Highland City to initiate debits (payments) or credits (corrections) to the financial institution indicated above for the purpose of paying my monthly utility bill. The financial institution is authorized to debit/credit my account. This authority is to remain in force and effective until either I revoke it by giving 15 days' prior written notice to the City, it is canceled by the City under the conditions stated above, or upon termination of my services with Highland City. I have also read and agree to the terms and conditions outlined above.

Customer Name (PLEASE PRINT) _____

Customer Signature

Date

OFFICE USE ONLY

Activation Date: _____ Entered by: _____