



CITY OF JACKSONVILLE



P.O. Box 7 - 206 N. 5th St.
Jacksonville, OR 97530
Tel: (541) 899-1231
Fax: (541) 899-7882
www.jacksonvilleor.us

BANK DRAFT AUTHORIZATION

If you wish to change your method of payment to auto-payments for future bills, please follow the directions below:

1. Enclose a voided check from the account to be drafted
2. Indicate either the 5th or the 20th of the month to draft this account.
3. Complete the signature line below for changing future payment method.

If you have more than one service account with us, you need to provide a form for each account.

AUTHORIZATION TO HONOR TRANSFERS OF FUNDS DIRECTED BY THE CITY OF JACKSONVILLE:

I (we) authorize THE CITY OF JACKSONVILLE to deduct payment *for the balance due* on the monthly City Service Bill from my (our) checking account. This authorization is to remain in effect until the City of Jacksonville and my bank have received written notification from me (or either of us) of its termination and have been given a reasonable time to act on it. I (we) further agree that, if any such transfer of funds be rejected or dishonored, the City shall be under no liability even if non-payment results in penalties and fees.

By choosing the bank draft option, you are approving the Authorization to Honor Transfers of Funds directed by the City of Jacksonville.

Please attach voided check.

Indicate Bank Draft Day: 5th of the month 20th of the month

The draft date may vary by a few days, depending on the date weekends and holidays occur, but it will be no sooner than the draft day.

Printed Name _____

Service Address _____

Service Account Number _____

Phone Number _____

Email _____

Signature _____

Date _____