

# Electronic Funds Transfer (EFT)

Authorization Agreement for Prearranged Payments (Debits)

# City of Valdosta

[www.valdostacity.com](http://www.valdostacity.com)

[www.utilitybill@valdostacity.com](mailto:www.utilitybill@valdostacity.com)

Name		Home Phone	Work Phone
Service Address		City	Zip Code
Name on Utility Account			
Utility Account Number			
Name of Financial Institution			
Type of Account (Check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Transit No.	Checking or Savings Account No.	

**NOTE: BE SURE TO ATTACH A VOIDED CHECK. PLEASE SIGN AND DATE THE AUTHORIZATION AGREEMENT ON REVERSE SIDE.**

# Authorization Agreement for Prearranged Payments (Debits)

I hereby authorize The City of Valdosta, hereinafter called "The City," to debit my account automatically for payment of my monthly utility bill. This authority is to remain in full force and effect until The City has received written notification from me of its termination in such time and in such manner as to afford The City a reasonable opportunity to act on it.

I understand The City will continue to send me a monthly bill before my bank account is charged and that I must notify The City of errors within seven (7) days of the billing date. I also understand that The City may charge a processing fee if a debit entry is not paid by the financial institution or for closing my bank account without a thirty (30) day written notification to The City. If I have two (2) return items due to insufficient funds in a twelve (12) month period I will be suspended from participation in the program for a (2) two-year period from the return date of the 2nd insufficient return item.

The City requires that sign-up information be completed forty-five (45) days prior to pre-authorized debit taking effect. I understand that during the five (5) business days prior to the due date on my bill I cannot request a transfer or a discontinuance of service. Should I transfer service I will be removed from the Bank Draft Plan and will pay my last bill at the prior address by cash or check. I will then be able to establish my new service address for the Bank Draft Plan by establishing a new contract for the Bank Draft Payment.

Once entered into the Bank Draft Plan you will receive your monthly utility bill with the notation "**Pre-Note.**" This bill must be paid in the manner that you would normally pay the bill. This process issues a test transmission to your financial institution of record for account verification. Upon receipt and acceptance of the test transmission from the financial institution of record, the following bill will have the notation of "Authorized Debit" and will automatically be deducted on the appropriate due date noted on bill.

I understand that The City is not responsible for postal delays.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**City of Valdosta - Received and Processed by**

Name \_\_\_\_\_

Date \_\_\_\_\_