

**CITY OF FRUITA
AUTO PAY AUTHORIZATION FORM**

**PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO THE
CITY OF FRUITA BY MAIL, FAX OR E-MAIL:**

**325 E. ASPEN AVE., FRUITA, CO 81521
(970) 858-0210 (FAX)
jiraine@fruita.org**

I authorize the City of Fruita to charge by checking/savings account indicated below on the 5th day of each month for payment of city utility services (sewer, trash, irrigation).

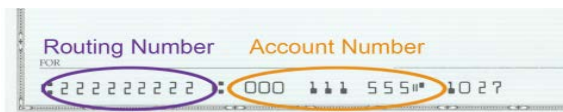
CUSTOMER INFORMATION

Customer Name: _____
Service Address: _____
Phone Number: _____ Email: _____

CHECKING/SAVINGS ACCOUNT INFORMATION

Checking Savings

Name on Account: _____
Bank Name: _____
Bank Acct #: _____
Bank Routing #: _____
Bank City/State: _____
Initial Payment Amt: _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City of Fruita in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the City of Fruita may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE

DATE