



CITY OF MERCED

MERCED

AUTOMATIC BANK DRAFT PAYMENT AUTHORIZATION

To enroll in the City of Merced’s Automatic Payment program, please complete this form and return to the City of Merced. **Please attach a blank check marked VOID.** Continue to pay your bill until it is marked “Bank Draft.”

Utility Billing Account Number _____ - _____

Name (as shown on bill) _____

Service Address _____

Mailing Address _____ City _____ State ____ Zip _____

Primary phone _____ Secondary phone _____

Email Address _____

Social Security # _____ Date of Birth _____

Driver’s License # _____ State _____

Name on Bank Account _____

Bank name _____ City _____ State ____ Zip _____

9-digit routing number _____ Bank account number _____

I hereby authorize the City of Merced to deduct funds from my account at the above-indicated financial institution to pay monthly billings upon receipt of this form. I understand the payment will be deducted from my account **7 days before the due date each month.** I understand that I may stop my bank drafting by notifying the City of Merced **in writing 30 days in advance.** I also understand that I am responsible for any fees if the money is not available at the time of the transaction. I further understand that if two (2) payment requests are returned for any reason within a twelve (12) month period, my participation in the Automatic Payment Program may be automatically cancelled.

This form can be returned to the City of Merced in person, mail, email or fax.

Email: utilitybill@cityofmerced.org Fax: 209-388-7216

Signature _____ Date _____