



Customer Service Center
500 N. Pearl Street
Centralia, Washington 98531
Phone: 360-330-7657 Fax: 360-330-7593
Email: csc@cityofcentralia.com

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (EFT DEBITS)

NAME (PLEASE PRINT): _____

UTILITY ACCOUNT #: _____ SERVICE ADDRESS: _____

I (we) hereby authorize the City of Centralia to initiate debit entries to my (our) **Checking Account** **Savings Account** (select one) at the depository financial institution named below and to debit the same to such accounts. I (we) acknowledge that the origination of EFT transactions to my (our) account must comply with the provisions of U.S. law.

I (we) understand payment will be deducted from my (our) account on the due date indicated on my (our) bill or the first business day thereafter.

To initiate the EFT process, your utility account balance must be at zero. Please allow 30 days for processing.

Additional charges will be applied to your account when an unpaid draft is returned by the bank; non-sufficient funds (NSF) will be charged \$20. Customers having two or more declined payments will be removed from AUTOPAY and can reapply after one year.

BANK NAME: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until **written notification from signatory(s)** of its termination in such time and in such manner to afford the City of Centralia and your bank a reasonable opportunity to act on the cancelation.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGN HERE TO TERMINATE EFT AGREEMENT: _____ DATE: _____

ATTACH VOIDED CHECK FOR CHECKING OR DEPOSIT SLIP FOR SAVINGS HERE:

Confidentiality Note: This document contains information belonging to the City of Centralia, which is confidential and/or legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this in error, please immediately notify us by telephone to arrange for return of the document to us.

Prenote Letter Acknowledgement Processed CSC Staff Initials: _____ Date: _____

ONCE REVOKED: Removed From Monthly Packet Info Removed From Account