



City of Payette

Automatic Payment Agreement

Remember to include a VOIDED check when turning in this application.

Easy Pay

Step 1: Complete Automatic Payment Agreement Form

Step 2: Make sure all lines are filled in

Step 3: Include a VOIDED check

Step 4: Mail to City of Payette
700 Center Avenue
Payette, ID 83661

Or stop by City Hall and drop it off.

CUSTOMER INFORMATION

Your Name as it appears on your bank account _____

Mailing Address _____ City _____

State _____ Zip _____ Phone _____

Name on City of Payette Account _____

Utility Account Number _____

Service Address (if different from mailing address above) _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name _____

Checking ABA Routing Number _____

Checking Account Number _____

BEGINNING ACH DATE: _____

AUTHORIZATION

I hereby authorize the City of Payette to initiate debit entries to my (our) account indicated above. This authority is to remain in full force and effect until written notice from me had been received by the company in such a manner as to afford reasonable time to act on it

I UNDERSTAND THE CITY RUNS THE AUTOMATIC DRAFTS ON THE 10TH DAY OF EACH MONTH.

Date

Signature