



AUTHORIZATION FOR DIRECT PAYMENT

We are pleased to offer you a Direct Payment Plan service. Now you can have your payment made automatically from your checking or savings account.

The Direct Payment Plan is dependable, flexible, convenient, and easy! To take advantage of this service, please complete the authorization and return the bottom portion to Montrose City Hall.

How the Direct Payment Plan Works

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax! Your payments will be made automatically on the specified day. And your proof of payment will appear with your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before your scheduled payment is processed.

Benefits of the Direct Payment Plan

- ✓ Saves Time!
- ✓ Fewer Checks to Write!
- ✓ Convenient!
- ✓ No Late Payments!
- ✓ Maintain Good Credit!
- ✓ Saves Postage!
- ✓ Easy to Sign-Up!
- ✓ Easy to Cancel!
- ✓ No Late Charges!
- ✓ Works with Checking or Savings!

RETAIN FOR YOUR RECORDS

On _____, I authorized CITY OF MONTROSE at 311 BUFFALO AVE SOUTH to initiate electronic entries to
 (DATE)
 My checking/savings account and have agreed to the terms listed on the authorization. I understand that I may revoke my
 authorization with CITY OF MONTROSE at any time by writing to the address above. Payment Date: 20TH OF EACH MONTH

-----DETACH AND SUBMIT-----

I authorize the CITY OF MONTROSE to initiate entries to my checking/savings account. This authority will remain in effect until I notify the City in writing to cancel. I understand that a cancellation notice must be made with enough time as to afford the City a reasonable opportunity to act. I understand that I can stop payment of any entry by notifying the City of Montrose Utility Billing 3 business days before my account is scheduled to be charged.

NAME OF FINANCIAL INSTITUTION	BRANCH
CITY	STATE
SIGNATURE	DATE
NAME (PLEASE PRINT)	
ADDRESS (PLEASE PRINT)	
Account No. _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
FINANCIAL INSTITUTION ROUTING NUMBER _____	

(Between these symbols | : | on the bottom left of your check)

NOT VALID WITHOUT A VOIDED CHECK.