



<b>Applicant</b>
Name:
Address:
City, State, Zip Code:
Utility Account Number:
Bank:
Bank Account Number:

I do hereby authorize the City of Dublin to automatically debit my account for payment of my monthly utility bill. This authorization will remain in effect until I notify the City of Dublin by signing a request for discontinuation that I no longer desire this service, allowing the City of Dublin reasonable time to act on my notification.

I understand the City of Dublin will continue to send me a monthly bill before my bank account is charged and that I have the right to stop debit by notifying my financial institution at any time up to three banking days before the scheduled date of the debit.

I further understand that if my financial institution fails to pay a prearranged debit, the City of Dublin will impose a processing fee of either \$35.00 or 5% of the debit amount, whichever is greater.

The City of Dublin is not responsible for any overdraft of my checking account, which may be caused by presentation of draft for payment.

**How would you like your bill?**

- Emailed to:
- Mailed

<b>This form must be completed in full, and a voided check attached to begin this draft.</b>	
<b>Applicant Signature:</b>	<b>Date:</b>

**For office use**

Received by:	Date:
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