City of Hollister

375 Fifth St, Hollister, CA 95023

Telephone: (831) 636-4301 ext. 21 Fax: (831)636-4369

Automatic Payment Authorization

When you enroll in Auto Pay, each month the City will automatically debit your personal checking for the total amount of your City of Hollister utility bill (sewer, water, and street sweeping). You will continue to receive your monthly City of Hollister utility bill as you do currently; however, no manual payment will need to be made as the full amount due will be electronically deducted from your account automatically **on the 15th of every month.**

Terms and Conditions to Participate in Automatic Payment (Auto Pay)

To participate in Auto Pay, you must agree to and understand all of the following terms and conditions:

- Your utility account must be current to be eligible to sign up and remain on this program.
- It may take 3-6 weeks for the Auto Pay enrollment to be processed. You will need to continue to pay your utility bill manually until you see **** PAID BY DRAFT**** appearing on your bill.
- You must authorize the City of Hollister to debit your checking account for the total monthly charges for utility services; partial payments will not be allowed.
- You must ensure that sufficient funds are in your checking account to cover the full amount of your utility bill.
- If three electronic fund transfers are refused by your bank account within a 24 month period, the City of Hollister will cancel this agreement.
- The City of Hollister must be promptly notified of any change to your checking account. It is your responsibility to provide the City of Hollister with current bank account information.
- The City of Hollister recognizes the need for the privacy and protection of personal information. The City of Hollister does not release customer's personal information to outside agencies or companies, except as needed in the billing and collection process related to the City of Hollister's utility services.

AUTHORIZATION

I have read, understand and agree to the above Terms and Conditions. I hereby authorize City of Hollister to initiate debits (payments) or credits (corrections) to the financial institution indicated below for the purpose of paying my monthly utility bill with City of Hollister. The financial institution is authorized to debit/credit my account. This authority is to remain in full force and effect until I revoke it by giving **15 days prior written notice** to City of Hollister, it is canceled by City of Hollister under the conditions stated above, or I terminate my service with the City of Hollister, whichever occurs first.

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Financial Institution

Type of Account: Checking

_ _ _ _ _ _ _ _ _
*Routing/ABA Number

____
Bank Account Number

IMPORTANT: For electronic debit processing, please attach a voided check to this form. (Do not attach a deposit slip)
*The Routing/ABA Number is the number located at the lower left corner of your check (usually the first 9 digits).

____
Name on Bank Account (please print)

____
City of Hollister Account No.

X__________________________________
Customer Signature

____
Date

____
Daytime Phone No.

Please cancel my Automatic Payment

*X*__________________________________
Customer Signature

____
Date

____
Daytime Phone No.

OFFICE USE ONLY

Date Received ________________ Effective Date: ___________ Date Cancelled______________