



85 N. Main Street
 Ivins, UT 84738
 435-628-0606
 www.ivins.com

DIRECT PAY AUTHORIZATION

You will continue to receive your City utility bill as normal; however, no manual payment will be needed as the full amount will be electronically deducted from your bank account on (or about) the twentieth (20th) of each month. We suggest when you receive your utility bill to immediately record in your check register the amount that will be deducted by the twentieth (20th).

- On your paper utility bill (mailed via US Mail) the following message will appear: **'Do Not Pay'**. This is your notification that Direct Pay has been activated and the next payment will be automatically deducted from your checking account. Until then make your payment as you usually do. Unfortunately, e-bill's will not have 'Do Not Pay' printed on the form.

As the participant of Electronic Funds Transfer (EFT) I agree to the following:

- Authorize Ivins City to debit my checking or savings account for monthly charges for utility services.
- Ensure that sufficient funds are in my checking or savings account to cover my bill. Insufficient funds will result in a Non-Sufficient-Funds (NSF) charge of not less than \$20.00.
- Promptly notify Ivins City of any change to my checking or savings account. If a change occurs, it is my responsibility to provide Ivins City with the updated account information.
- Two refused electronic fund transfers may cancel this agreement at the sole option of Ivins City.

ACCOUNT INFORMATION

Name of
 FINANCIAL INSTITUTION _____
 (Bank, Savings and Loan, Credit Union)

Account Type Savings Checking
 (check one)

Bank Transit/ABA Number (routing number)
 (First set of numbers between the first set of bank symbols)
 (Total number of digits is always 9)

Bank Account Number (your personal bank account number)
 (Second set of numbers between the second set of bank symbols)
 (Total number of digits varies depending on the bank)

IMPORTANT

PLEASE ATTACH A VOIDED CHECK TO THIS FORM. We use it to verify account numbers – then it's immediately destroyed.

I hereby authorize Ivins City to initiate debits (payments) or credits (corrections) to the financial institution indicated above for the purpose of paying my monthly utility bill. The financial institution is authorized to debit/credit my account. This authority is to remain in full force and effect until either (1) I revoke it by giving notice to Ivins City, by letter or a phone call; (2) it is cancelled by Ivins City under the conditions stated above; or (3) upon termination of my utility service with Ivins City.

I have read and agree to the terms and conditions outlined above.

Customer Name (Please Print) _____ / ____ / **2022**
 Month Day Year

X _____ / ____ / ____ / ____ / ____ / ____
 Customer Signature Ivins City Utility Account Number (usually 6 digits)

| OFFICE USE ONLY | | | |
|---------------------------------------|-------------|-------------|----------------|
| Start Date | Change Date | Cancel Date | Effective Date |
| | | | |
| Accounting/Utility Billing Technician | | Date | |
| | | | |