IVINS CITY

85 N Main St. Ivins, U T 84738

Tel. 435-634-0689 www.ivinsutah.gov

Company:_____
Address:_____
_____
Phone:_____
Email:_____
Code: 1 - 101

HYDRANT METER AUTHORIZATION TO PAY Form

I agree to and/or understand all the following:

- Submitting this information will waive the $1500 hydrant meter deposit required by Ivins City.
- I authorize Ivins City to debit my checking/savings or credit card account for the hydrant meter deposit amount if a hydrant is not returned, or is tampered with, or damaged.
- I will ensure that enough funds are in my checking/savings account or credit card to cover my charges. If enough funds are not available, my account will be charged $20.00 for Non-Sufficient-Funds (NSF).
- Promptly notify Ivins City of any change to my checking/savings account or credit card. If a change occurs, it is my responsibility to provide Ivins City with the updated account information.
- Charges for water usage will be billed separately and due at the time the hydrant is returned to City Hall. If a hydrant is not returned, water usage will be estimated by the City's Public Works Department and due at that time.

OPTION #1 BANKING INFORMATION (CREDIT CARD)

Credit Card Information: (Circle One)
Type: Mastercard Visa American Express Discover Other

____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ __ __ /__ __ _____
Credit Card Number Expiration Mo/Yr. CVV

OR

OPTION #2 BANKING INFORMATION (CHECK)

Name of
FINANCIAL INSTITUTION_____ Account Type _____/ _____/
(Bank, Savings and Loan, Credit Union) (check one) Savings Checking

____ ____ ____ ____ ____ ____ ____ ____ ____ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
Bank Routing Number (9 digit's) Bank Account Number

NOTE:

PLEASE ATTACH A VOIDED CHECK (IF USING PAY BY CHECK OPTION #2). *To verify account numbers.*

I hereby authorize Ivins City to initiate debits (payments) to the financial institution indicated above in the case that a hydrant meter is not returned, or is tampered with, or damaged. The financial institution/credit card company is authorized to debit/credit my account. This authority is to remain in full force and effect until either I revoke it by giving notice to Ivins City, by letter or a phone call; or it is cancelled by Ivins City.

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

_____ _____/ _____/ 20_____
Customer Name (Please Print) Month Day Year

X_____
Customer Signature

OFFICE USE ONLY

_____ _____
Accounting/Utility Billing Technician Date