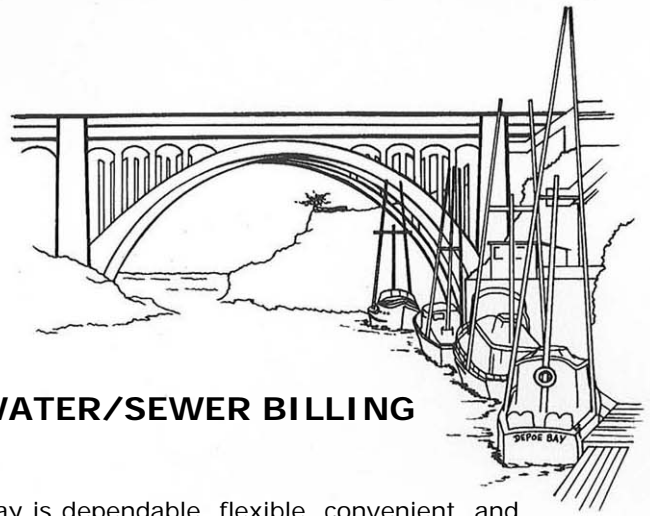


CITY of DEPOE BAY

Post Office Box 8 + Depoe Bay, Oregon 97341
Phone (541) 765-2361 + Fax (541) 765-2129
TDD# 1-800-735-2900



AUTO PAY AUTHORIZATION FOR WATER/SEWER BILLING

We are pleased to offer you a new service – **Auto Pay**. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

Here's how the 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 15th day of the month following the billing statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The amount of your payment will be reflected on your bill, which you will receive at least 10 days before the payment date.

Auto Pay is dependable, flexible, convenient, and easy. To take advantage of this service, complete the attached authorization form and return it to the City.

All you need to do is:

- 1) Mark the box before the type of account to indicate whether your payment will be deducted from your checking or savings account.
- 2) List all Water and/or Sewer billing account numbers.
- 3) Fill in your name, financial institution name and location, and date.
- 4) **Attach a voided check** for verification of all financial institution information.
- 5) Print your name, and sign the form.

Note: Auto Pay is available for water/sewer account holders only.

I authorize the City of Depoe Bay to initiate electronic debit entries to my:

_____checking account or _____savings account

for payment of my _____ (indicate water, sewer, or water/sewer) bill.

List all water/sewer accounts to be included in Auto Pay: _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date: _____

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

FINANCIAL INSTITUTION CITY AND STATE: _____

Print Your Name

Signature