



Utility Office
415 Gary Blvd.
P.O. Box 1177 Clinton, OK 73601-1177
(580) 323-0217 or (580) 323-0218

Authorization for Automatic Bank Draft

Return this form to: City of Clinton. For additional information call: 323-0217 or 323-0218

NAME: _____
(as it appears on your bill – PLEASE PRINT)

ADDRESS: _____

PHONE: _____ ACCOUNT NUMBER: _____

IMPORTANT: You MUST return a voided check with this form to ensure accurate processing.

I authorize you to charge my checking account monthly in the amount of my monthly bill, and to make that deduction payable to the City of Clinton. In making this authorization, I agree to all the Terms and Conditions of Authorization.

DATE: _____ SIGNATURE _____

TERMS AND CONDITIONS OF AUTHORIZATION

- 1) AUTHORIZATION: Review the Authorization Agreement or call the City for details. Complete the appropriate Authorization Agreement for the bill payment program. Each payment shall be the same as if it were an instrument personally signed by you. NOTE: To ensure accurate account information, please enclose a voided check with each authorization.
- 2) This authority is to remain in effect until revoked by either the customer, City or financial institution. Customer must notify the appropriate City to discontinue automated payment service.
- 3) You have the right to stop payment of a charge by notifying your financial institution up to three (3) business days prior to the charging of your account.
- 4) After account has been charged, I have the right to have the amount of an ERRONEOUS debit immediately credited to my account by depository, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting whichever occurs first.

Monthly Utility Bill Email Request

I would like to request my monthly Utility Bill by Email.

Email Address: _____

Account Number: _____