



City of Cashmere
 101 Woodring Street
 Cashmere WA 98815
 (509) 782-3513
www.cityofcashmere.org

DATE RECEIVED:	
___/___/___	By ___
Approved by: _____	
DATE ENTERED:	
___/___/___	By ___

Application for Automatic Payment Deduction

Paying your utility bill just got a little easier. The City of Cashmere is offering an Automatic Payment Plan (APP) that will not only save you the cost of stamps, but also give you the peace of mind that your monthly bill is paid on time. When you enroll in the plan you will receive your monthly bill as usual. On the last business day of each month the net amount of your bill will be automatically deducted from your checking or savings account. Electronic transactions are protected by federal regulation.

To sign up for the Automatic Payment Plan, please fill out the form below and return it to the City of Cashmere along with a voided check. (If you have multiple utility accounts you wish to enroll in the APP, attach a listing of those accounts).

AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

I/we hereby authorize the City of Cashmere to automatically withdraw from the bank account identified below the amount due on my monthly billing statement(s) for the utility account(s) listed below. I authorize the financial institution listed below to accept such withdrawals initiated by the City of Cashmere. The withdrawals shall be made from my bank account **on the last business day of each month.**

Utility Account Numbers: _____

Customer Name(s): _____

Service Address(es): _____

Mailing Address: _____

Financial Institution: _____

Transit /Routing #: _____ (first 9 numbers of the encoded line at bottom left of check)

Account #: _____ Checking Savings

This authorization is to remain in effect until the City of Cashmere has received written notification from me of termination. I understand that such notification must be received by the City of Cashmere by the 25th day of the month in which I desire to terminate participation. If a withdrawal is refused by my financial institution due to insufficient funds, I will be assessed a \$25.00 NSF fee and delinquency fee will accrue. If an NSF is received two times during a twelve-month period, I will automatically be withdrawn from the program.

****Please remember to attach a voided check with completed application****

Signature: _____

Date: _____ Daytime Phone Number: _____