

**WITHDRAWAL AUTHORIZATION
ELECTRONIC FUNDS TRANSFER ["EFT"]**

I hereby authorize the City of Oconto ["City"] to automatically withdraw funds and/or make corrections to previous withdrawals to the financial institution indicated for payment of utility services provided by the City. This authorization is to remain in full force and effect until the City has received written notification from me of its termination in such time and in such manner as to afford the City and the financial institution a reasonable opportunity to act on it.

Terms of Agreement:

1. I will continue to receive a bill through the mail which will now read "EFT – Do Not Pay".
2. My account must have a zero balance before the electronic withdrawal process will be established. If I receive a bill that does not read "EFT – Do Not Pay", I must pay the account balance by some other method.
3. Funds will be withdrawn from my account no sooner than the statement due date [20 days after billing date] whether or not I have seen or approved the bill.
4. The amount withdrawn will be the amount of the current balance as of 2-5 days before my statement due date. The amount withdrawn will never be greater than my current bill.
5. I acknowledge that the amount withdrawn from my account will change quarterly depending on my charges and I agree to hold the City harmless from any claim of damage caused by the electronic withdrawal.
6. The City's policies applicable to Non Sufficient Funds ["NSF"] checks will be applicable to an NSF electronic withdrawal.
7. Failure to pay my bill due to an NSF electronic withdrawal may result in the shut-off of water services.
8. The City may terminate my electronic withdrawal privileges in the event of an NSF electronic withdrawal or for any other reason the City deems necessary.
9. Final Bills will not be submitted for electronic withdrawal and will need to be paid by some other method.

I represent and warrant that I have the full right and power to authorize the electronic withdrawal of is account. I will pay the attorney fees and costs incurred by the City to collect the amounts not paid when due, or to defend an action where I have agreed to hold the City harmless, whether or not litigation is commenced, and if litigation, mediation, arbitration or trial is commenced, attorney fees and costs incurred by the City therein, and on any appeal therefrom.

Customer Name [Please Print]

Bank Account Holder Name [if different than Customer]

Customer Phone Number

City of Oconto Account No.

Service Address

Billing Address

Name of Financial Institution

City, State

IMPORTANT: Please attach a **VOIDED CHECK** to this form. A deposit slip will not be accepted.

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

Signature

Date

For Office Use Only:

Account Number: _____

Date Established _____

Please return this form to Oconto Utility Commission, 1210 Main Street, Oconto WI 54153