Are you participating in the

DIRECT - PAY

Program?

You may enroll at any time.

DIRECT-PAY is an easy and convenient way to make your utility payments. By signing up for **DIRECT-PAY**, you will:

- Have your utility payment automatically withdrawn from your checking or savings account each month
- Free yourself of monthly check writing
- Save postage and cost of checks
- Stop worrying about checks being lost or delayed in the mail
- Make payments even when you are on vacation or out of town
- Have a record of payments on your bank statement

If you are currently enrolled in the **DIRECT-PAY** program, please disregard this notice.

To enroll in the **DIRECT-PAY** program, just fill out the information on the reverse side and return with your next utility payment or drop it off at the Utility Business Office located in City Hall.

DIRECT-PAY is a payment option offered to the customers of the Jasper Municipal Utilities.

DIRECT-PAY

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Utility Account Number(s):	Te	elephone:
Utility Service Address:		
Billing Address (if different):		
Financial Institution (<u>Deposito</u> utility account. Said debits are act on this authorization. I/We contain insufficient funds to c check charge as set forth in Jashall be terminated; and, that	sper Municipal Utilities (<u>Jasper</u>) to initiate or <u>ry</u>) described below for the purpose of make to commence in such time and manner as a also acknowledge that if the account identification to amount of the debit, my/our utility asper's non-recurring charges ordinance in eat my/our utility account shall be considered ies, and may be subject to termination of utility	king monthly payments toward my/our is to afford Jasper a reasonable time to ied below becomes inactive, closed, or account will be charged the returned affect at the time, that this authorization bed unpaid on the due date, shall be
	DEPOSITORY INFORMATION	1
Financial Institution Name:		
Address:	City	StateZip
☐ Individual Account	Company Account Other:	
☐ Checking Account P	Please attach a <u>voided</u> check below.	
Savings Account Ple	ease provide the following information:	:
Routing Number	Account Number _	
me (or either of us), or my	main in full force and effect until Jasper ha lour authorized representative, of its teri	
	and Depository, a reasonable opportunity	to act on it. Date:
SIGNATURE(s)	and Depository, a reasonable opportunity	to act on it. Date:
	and Depository, a reasonable opportunity	to act on it. Date:
SIGNATURE(s) FOR OFFICE USE ONLY: Date Draft Entered in System	and Depository, a reasonable opportunity ***PRINTED NAME(s)*** n:	to act on it. Date:
SIGNATURE(s) FOR OFFICE USE ONLY:	and Depository, a reasonable opportunity ***PRINTED NAME(s)*** n:	to act on it. Date:
SIGNATURE(s) FOR OFFICE USE ONLY: Date Draft Entered in System	and Depository, a reasonable opportunity ***PRINTED NAME(s)*** n:	to act on it. Date:
SIGNATURE(s) FOR OFFICE USE ONLY: Date Draft Entered in System	and Depository, a reasonable opportunity ***PRINTED NAME(s)*** n:	to act on it. Date:
SIGNATURE(s) FOR OFFICE USE ONLY: Date Draft Entered in System	and Depository, a reasonable opportunity ***PRINTED NAME(s)*** n:	to act on it. Date: