AUTHORIZATION FOR AUTOMATED BILL PAYMENT

Please fill out and return to:

CITY OF NICHOLS HILLS

Attn: Rita
6407 Avondale Drive
Nichols Hills, OK 73116

Start	
Change	
Cancel	

I authorize you and the financial institution listed below to pay and charge my account the amount of any instrument drawn on my account by and payable to the order of the City of Nichols Hills and/or Nichols Hills Municipal Authority. I agree to the following terms and conditions of authorization.

Financial Institution

Name (please print)

Signature Date

This authority will remain in effect until I have cancelled it by giving a thirty (30) day written notice.

Service Address

Transit Routing Number

⑆ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ⑆

ABA

Account Number

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Please allow thirty (30) days for implementation

TERMS AND CONDITIONS OF AUTHORIZATION

1) AUTHORIZATION: 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) REVOCATION: This authority is to remain in effect until revoked by the customer, the City of Nichols Hills or the financial institution. Customer must notify the City of Nichols Hills to discontinue automated payment service.

3) STOP PAYMENT: 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.

Please attach voided check here

For office use only:

Date Implemented: _____ Utility Account Number: _____