

CITY OF PLYMOUTH
124 N. Michigan Street
P.O. Box 492
Plymouth, IN 46563

AUTOMATIC PAYMENT SERVICE (APS) AUTHORIZATION AGREEMENT

I authorize the City of Plymouth to deduct funds from my account at the below named bank to pay my utility bills. I understand that I can terminate these automatic transactions by notifying the City of Plymouth and my financial institution in writing 30 days prior to the cancellation. I also understand that the City of Plymouth and my financial institution may also terminate my participation in this service, if necessary.

Payments will be withdrawn from your bank account **5 BUSINESS DAYS** prior to the due date.

City of Plymouth Utility Account Number: _____

Name: _____

Address: _____

Telephone Number: _____

Name as shown on financial institution records: _____

Financial Institution Name: _____ Telephone # _____

Transit/ABA (Routing) Number: _____ Bank Account # _____

Account Type: Checking Savings

This authority is to begin on ____/____/____ (enter date) and remain in full effect until ____/____/____ (enter date) or when the City of Plymouth has received written notification from me and in such manner as to afford the City of Plymouth a reasonable opportunity to act on it.

Signed: _____

Printed Name: _____ Date: _____

NORTARIZED
NORTARY JURAT

SUBSCRIBED AND SWORN TO
before me this _____ day of
_____, 20____
Notary Public Signature
State of _____
County of _____
My Commission Expires _____

Please attached a voided check or deposit ticket for account number verification