



Park City Municipal Corporation  
 Attn: ACH Payments, P.O. Box 1480  
 Park City, Utah 84060  
 Telephone (435) 615-5305  
 Fax (435) 615-4917

## ELECTRONIC DEBIT AUTHORIZATION

Every month Park City Municipal Corporation will debit your personal checking/savings/share draft account for the total amount of your City utility billing. You will continue to receive your City utility billing as you normally would. The full amount due will be automatically debited from your account on the 20th day of the month. If the 20th day of the month falls on a weekend or holiday, then the debit will occur the following business day.

**As a participant of Electronic Debiting, I agree to and/or understand all of the following:**

- Only customers who are current on their utility account are eligible to sign-up and remain on this Program.
- It will take one month to establish this process. Until that time I am responsible to pay the bill directly to Park City Municipal Corporation.
- Authorize Park City Municipal Corporation to debit my checking or savings account for all monthly charges for utility services.
- Ensure that sufficient funds are in my checking and savings account to cover my bill.
- Two consecutive refused electronic fund transfers will cancel this agreement at Park City's sole discretion.
- Promptly notify Park City of any change to my checking or savings account. If a change occurs it is my responsibility to provide Park City with the current account information.

**ACCOUNT INFORMATION (Bank, Savings and Loan, Credit Union)**

Financial Institution	Acct type (check one)	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking
Transit/ABA Number <small>(Usually the first 9 digits on the bottom of your check)</small>		Bank Account Number	

**IMPORTANT: For electronic debit processing, please attach a voided check to this form  
(Do not give a deposit slip)**

**AUTHORIZATION**

I hereby authorize Park City Municipal Corporation to initiate debits (payments) or credits (corrections) to the financial institution indicated above for the purpose of paying my monthly utility bill with Park City Municipal Corporation. The financial institution is authorized to debit/credit my account. This authority is to remain in full force and effect until either I revoke it by giving **15 days prior written notice** to Park City Municipal Corporation, or it is canceled by the City under the conditions stated above, or upon termination of my service with Park City Municipal Corporation. I have also read and agree to the terms and conditions outlined above.

Customer Signature
Customer Name (please print)

Date
City Account Number