

*****PLEASE RETURN TO UTILITY BILLING WITH VOIDED CHECK OR STATEMENT WITH FULL
ROUTING AND ACCOUNT NUMBERS & PICTURE ID *****



Martinsville

A CITY WITHOUT LIMITS

AN AUTHORIZATION PROVIDING FOR

DIRECT PAYMENT OF UTILITY ACCOUNTS BY A CUSTOMER'S BANK

I (We) hereby authorize the City of Martinsville, hereafter called the City, to initiate debit entries to my (our) checking account indicated below and to authorize the depository named below, hereinafter called DEPOSITORY, to debit the same to such account for the sole purpose of paying for Utility Services.

BANK NAME: _____

BANK ADDRESS: _____
CITY STATE ZIP

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the DEPOSITORY a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to the DEPOSITORY prior to changing account. If an erroneous debit entry is initiated by the CITY to a Customer's account, Customer shall have the right to have the amount of such entry credited to such account by DEPOSITORY sent to if, within 15 calendar days following the date on which DEPOSITORY sent to customer a statement of account or a written notice pertaining to such entry or 45 days after posting whichever occurs first, the customer shall have sent to DEPOSITORY a written notice identifying such entry, stating that such entry was in error and requesting DEPOSITORY to credit the amount thereof to such account.

NAME: _____

DATE: _____

(To be completed by Utility Billing)

CUSTOMER NUMBER: _____

DATE RECEIVED: _____

ACCOUNT NUMBER: _____

EFFECTIVE DATE: _____

SERVICE ADDRESS: _____

Note: All accounts will be processed by bank approx. 5 - 10 days before due date.
This bill is due on the ☐ 7th, ☐ 10th or the ☐ 22nd of the month.