



IVINS CITY

55 N. Main St. Ivins, UT 84738
Tel. 435-628-0606 Fax 435-656-2286
www.ivins.com

ELECTRONIC DEBIT AUTHORIZATION

Every month Ivins City will debit your personal checking or savings account for the total amount of your City utility bill. You will continue to receive your City utility bill as you normally would; however, no manual payment will need to be made as the **full amount will be electronically deducted from your account on (or about) the twentieth (20th) of each month.**

- 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. When this process is set up, a message will appear on your bill notifying you of such. Until that time you are responsible to pay the bill directly to Ivins City.

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

- Authorize Ivins City to debit my checking or savings account for all monthly charges for utility services.
- Ensure that sufficient funds are in my checking or savings account to cover my bill. If sufficient funds are not available, my account will be charged \$20.00 for NSF.
- Promptly notify Ivins City of any change to my checking or savings account. If a change occurs it is my responsibility to provide Ivins City with the current account information.
- Two refused electronic fund transfers may cancel this agreement at the option of Ivins City.

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

_____ Acct. type (check one) _____
Financial Institution Savings Checking

Transit / ABA Number _____ Bank Account Number _____

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

I hereby authorize Ivins City to initiate debits (payments) or credits (corrections) to the financial institution indicated above for the purpose of paying my monthly utility bill with Ivins City. 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 Ivins City, it is cancelled by the City under the conditions stated above, or upon termination of my service with Ivins City. I have also read and agree to the terms and conditions outlined above.

_____	_____
Customer Name (please print)	Date
_____	_____
Customer Signature	City Utility Account Number

OFFICE USE ONLY			
_____	_____	_____	Effective Date: _____
Start	Change	Cancel	
_____	_____	_____	_____
City Treasurer			Date