



IVINS CITY
 55 N MAIN
 IVINS, UT 84738
 TELEPHONE (435) 628-0606
 FAX (435) 674-5486

EQUAL PAYMENT PLAN – Credit Card

On the due date of your utility bill each month Ivins City will charge your credit card account for the amount of your City equal payment plan. You will continue to receive your City utility billing as you normally would; however, no manual payment will need to be made **as the amount of the equal payment plan will automatically charge your credit card on the billing due date.**

As a participant of the Equal Pay plan, I agree to and/ or understand all of the following:

- Only residential customers who have a 12 month history with no penalties or late payments are eligible to sign-up and remain on this program.
- Authorize Ivins City to charge my credit card for the monthly budget amount for utility services.
- Ensure that sufficient credit is available on the card to cover my bill.
- The budget plan will be reviewed on the anniversary date each year.
- One refused electronic charge will cancel this agreement at the option of Ivins City.
- Promptly notify Ivins City of any change to my card number or expiration date. If a change occurs it is my responsibility to provide Ivins City with the current account information.

CREDIT CARD INFORMATION: Cardholder name: _____

Mailing address for credit card statement: _____

_____ Telephone Number (s) _____

Card Number: _____

Visa _____ Master Card _____ Discover _____ AMEX _____ Expiration ____/____

AUTHORIZATION

I hereby authorize Ivins City to initiate charges to the credit card account indicated above for the purpose of paying my monthly budget plan amount with Ivins City. 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 canceled 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)

____/____/201____
 Month Day Year

X _____
 Customer Signature

____/____/____/____/____/_____
 Ivins City Utility Account Number (usually 6 digits)

OFFICE USE ONLY:

Customer Service Rep: _____ Date: _____

Effective Date: _____ Entry Date: _____ Entered By: _____