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Customer Service Division
P.O. Box 1448
Shawnee, OK 74802

Authorization for Automatic Bill Payment

Return this form to: City of Shawnee

NAME: _____
(as it appears on your bill – PLEASE PRINT)

ADDRESS _____

CITY _____ ZIP: _____ PHONE: _____

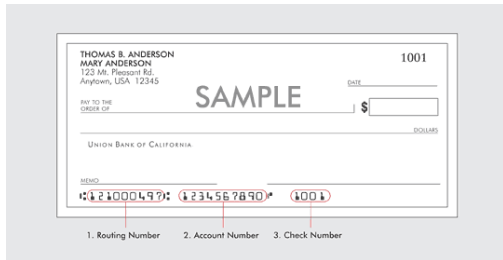
CUSTOMER ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION NAME: _____

CITY: _____ STATE: _____

ROUTING NUMBER: _____

CHECKING ACCOUNT NUMBER: _____



IMPORTANT:

See sample at left for proper numbers

You MUST return a voided check with this form to ensure accurate processing.

I authorize you to charge my checking account monthly in the amount of my monthly bill, and to make that deduction payable to the City of Shawnee. In making this authorization, I agree to all the Terms and Conditions of Authorization.

DATE: _____ SIGNATURE _____

TERMS AND CONDITIONS OF AUTHORIZATION

- 1) **AUTHORIZATION:** Review the Authorization Agreement or call the City for details. Complete the appropriate Authorization Agreement for the bill payment program. Each payment shall be the same as if it were an instrument personally signed by you. **NOTE:** To ensure accurate account information, please enclose a voided check with each authorization.
- 2) This authority is to remain in effect until revoked by either the customer, City or financial institution. Customer must notify the appropriate City to discontinue automated payment service.
- 3) You have the right to stop payment of a charge by notifying your financial institution up to three (3) business days prior to the charging of your account.