



Complete and Return to:

City Collector  
City of Jackson  
101 Court Street  
Jackson, MO 63755-1807

This document authorizes the City of Jackson, Missouri, to automatically deduct payments for utility bills from the customer's designated bank and account number. The customer will be sent a utility bill (designated as an automatic bank withdrawal) at the beginning of each month.

The effective date of the transaction will be the 20<sup>th</sup> of the month or the next business day following the 20<sup>th</sup> of the month, if the 20<sup>th</sup> falls on a weekend or a holiday. Transactions will be posted for the actual amount due on the utility account.

This agreement will remain in effect until the customer notifies us in writing of any changes.

- A customer whose transaction fails to clear the bank will be terminated from this service after two separate returned transactions. A return check fee of \$ 30.00 will be charged by the City. The customer will be blocked from accessing the online payment portal and set to "cash only".
- A customer may choose to terminate this service by notifying the city, in writing, 10 days in advance.
- A customer must notify the City and complete a new authorization form for ANY bank/bank account or utility account/location (address) change. Failure to do so may result in non-payment and therefore additional penalties.

I hereby authorize the City of Jackson to deduct from my designated bank and account number the amount necessary to pay each month's utility bill.

Utility Account Number(s): \_\_\_\_\_

Name: \_\_\_\_\_

Property Address(es): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Main Contact Phone Number: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

- If you have multiple City utility accounts, please include a list of additional property addresses/accounts for which you want this service.
- Please attach a voided check or any other material that identifies the routing and account information necessary for ACH transactions at the designated bank. If you provide this information below, please note it is the customer's responsibility to confirm it is accurate, clearly written, and that the account provided allows for automatic withdrawal.

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_

What month would you like your first withdrawal/payment to take place? \_\_\_\_\_ 20<sup>th</sup>  
(month)

This form must be received at least 10 days prior to this date. Another form of payment must be provided for any balance due prior to this date.

The City of Jackson retains the right to modify the terms of this agreement at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_