



Return Form To:
 711 W. Cinnamon Dr.
 Lemoore, CA 93245
 Tel: 559-924-6744
 Email: finance@lemoore.com

EFT Automatic Payment Form

Authorization Agreement for Direct Payments (ACH Debits)

New Application (Effective in 30 days) Change (Effective in 30 days)

Cancellation Will Be Effective 30 days from date received in office:
 _____ / _____ / _____
 Date Sign Here Only If Cancelling

Received Date: _____ Initials: _____
 Utility Account No. (Office Use Only): _____

I hereby authorize the City of Lemoore to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit my utility account balance to such account on the 20th day of each month effective immediately. If the 20th day of each month is a weekend or holiday, the account will be debited the following business day. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. Law.

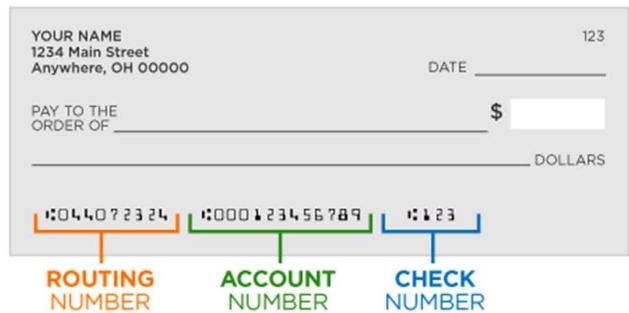
Bank Name(Depository): _____

Depository Routing Number (9 digits): _____

Depository Account Number: _____

Explanation of Check Numbers

1. Bank Routing / Transit Number
2. Account Number
3. Check Number



This authorization is to remain in full force and effect until the City of Lemoore has received written notification of its termination in such time and in such manner as to afford the City of Lemoore and Depository a reasonable opportunity to act on it.

Service Address: _____ (Please Print)

Name on Utility Account: _____ (Please Print)

Signature: _____ Print Name: _____ (Please Print)

Today's Date: _____ *Contact Phone: _____

(Office Use Only):

Date Entered _____ Initials _____

Date Reviewed _____ Initials _____