

# Bank Drafting Application

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | [www.ci.sisters.or.us](http://www.ci.sisters.or.us)

For Direct Payments (ACH Debit)



## PLEASE ATTACH A VOIDED CHECK AND RETURN FORM TO:

City of Sisters  
Finance Department  
P.O. Box 39 Sisters, OR 97759

I (we) hereby authorize the City of Sisters, Oregon, hereinafter called City, to initiate debit entries to my (our) Checking Account / Savings Account indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name (Your) Bank

Branch

City

State

Zip

Routing Number

Account Number

Name(s) Listed on Account:

Service Address

City Utility Bill Account #

This authority is remain in effect until the City and Depository have received written notification from me of its termination in such time and in such manner as to afford City and Depository a reasonable opportunity to act on it:

- **This authorization is only good for the service address listed below.**
- **This authority will remain in effect until the City has received written notification from me at least two (2) weeks prior to effective stop date. If the City of Sisters is unable to charge my credit card, I understand that it is my responsibility to make other payment arrangements.**
- **I understand that if any automatic drafts are returned for insufficient funds, or refused for any reason, I will be automatically charged a fee of \$ 25.00 per occurrence.**
- **The City will provide prior written notice and may terminate this payment option upon notice of two (2) declined transactions.**

SIGNATURE

DATE

SIGNATURE

DATE

Accounts will be drafted on the 10th of the each month. If the 10th falls on a weekend the City would draft your account on the next available business day. This authorization is only good for the service address listed above.

**FOR ADDITIONAL INFORMATION OR QUESTIONS, PLEASE CALL (541) 549-6022**

**For Office Use Only**

CC # Entered: \_\_\_\_\_ Date: \_\_\_\_\_