



CITY OF ST. GEORGE  
 175 EAST 200 NORTH ST. GEORGE, UT 84770  
 Telephone (435) 627-4700 Fax (435) 627-4731

**ELECTRONIC DEBIT AUTHORIZATION**

Every month the City of St. George will debit your personal checking/savings/share draft account for the total amount of your City utility billing. You will continue to receive your City utility billing as you normally would; however, no manual payment will need to be made as the **full amount due will be electronically deducted from your account on the billing due date.**

***As a participant of Electronic Debiting, I agree to and/ or understand all of the following:***

- Only customers who are current on their utility account are eligible to sign-up and remain on this program.
- It will take one month to establish this process, When this process is setup, a message will appear on my bill notifying me of such, until that time I am responsible to pay the bill directly to the City of St. George
- Authorize the City of St. George to debit my checking or savings account for all monthly charges for utility services.
- Ensure that sufficient funds are in my checking or savings account to cover my bill.
- Two refused electronic fund transfers may cancel this agreement at the option of the City of St. George.
- Promptly notify the City of St. George of any change to my checking or savings account. If a change occurs it is my responsibility to provide the City of St. George with the current account information.

**ACCOUNT INFORMATION (Bank, Savings and Loan, Credit Union)**

\_\_\_\_\_ Acct. type (check one) \_\_\_\_\_  
 Financial Institution Savings \_\_\_\_\_ Checking  
 or Share Draft

Transit/ABA Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_  
 (Usually the first 9 digits on the bottom of your check)

***IMPORTANT: For electronic debit processing, please attach a voided check to this form  
 (Do not give a deposit slip)***

**AUTHORIZATION**

I hereby authorize the City of St. George to initiate debits (payments) or credits (corrections) to the financial institution indicated above for the purpose of paying my monthly utility bill with the City of St. George. The financial institution is authorized to debit/credit my account. This authority is to remain in full force and effect until either I revoke it by giving **15 days prior written notice** to the City of St. George, it is canceled by the City under the conditions stated above, or upon termination of my service with the City of St. George. I have also read and agree to the terms and conditions outlined above.

\_\_\_\_\_ Date \_\_\_\_\_  
 Customer Signature

\_\_\_\_\_ City Utility Account Number \_\_\_\_\_  
 Customer Name (please print)

**OFFICE USE ONLY**

\_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Start Change Cancel Billing Due Date: 1<sup>st</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_

\_\_\_\_\_ Entry Date \_\_\_\_\_ Entered by: \_\_\_\_\_  
 Customer Service Representative