

AUTOMATIC PAYMENT PLAN APPLICATION FORM



At this time, Auto-Pay is only offered for Utility bills

Return this form with a voided check to: The Town of Altavista, 510 7th Street or P. O. Box 420 Altavista, VA 24517

Customer Name:	_____	Utility Account No.:	_____
Address:	_____	City, State and Zip:	_____
Phone:	_____	Email:	_____
Financial Institution Name:	_____	Branch Location:	_____
Banking Routing No.:	_____	Bank Account No.:	_____

AUTHORIZATION AGREEMENT

I hereby authorize the Town of Altavista to automatically withdraw from my (our) Checking Account Saving Account (select one), the amount stated on my utility bill for all charges at the above service address. I authorize the **FINANCIAL INSTITUTION** named below, to accept such withdrawals initiated by the **TOWN OF ALTAVISTA**. Withdrawals shall be made from my account five (5) days after the bill date printed on my utility bill.

This authorization will remain in effect until the **TOWN OF ALTAVISTA** has received written notification from me terminating this agreement. All written notification will allow a 30-day termination period from the date of notification to afford the **TOWN OF ALTAVISTA** and the **FINANCIAL INSTITUTION** a reasonable opportunity to act on my request. I am aware of my right to stop payment of a withdrawal at any time by notifying my **FINANCIAL INSTITUTION** three business days before the withdrawal date.

I understand and authorize that should any of the preauthorized debits made through this agreement be dishonored for non-sufficient funds (NSF) or any other reason, the amount due must be paid in full at the **TOWN OF ALTAVISTA** office within 10 business days after receiving notification by **TOWN OF ALTAVISTA**, along with a collection fee of \$35.00. Other fees and/or actions in accordance with **TOWN OF ALTAVISTA'S** code may also apply.

Authorized Signature

Date



Reminder: ****ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT**