

## AUTOPAYMENT AUTHORIZATION AGREEMENT

City of Coburg Utility Account Number	
Account Name	
Main Phone Contact	Other Phone
Email Address	

BANK INFORMATION				
Name on Account				
Address on Account				
Bank Transit Routing Number (9 digits)				
Bank Account Number				
Atta	ch Voided Check in this space			

Upon processing and approval your designated bank account will automatically be billed for amounts due per your last billing statement on the 5th day of the month.

You many cancel this automatic billing authorization at any time by contacting City of Coburg in writing, by phone or email. You may stop payment of preauthorization electronic fund transfers by notifying your bank or financial institution in accordance with the procedures it has established. Termination of a preauthorized electronic fund transfer does not affect your obligation to make timely payment in some other acceptable manner.

To the extent allowable by law, the liability of City of Coburg in connection with this authorization is limited to the amount of any incorrect charge or withdrawal. City of Coburg will not be liable for any other damages, whether direct, incidental, special or consequential, whether or not the City of Coburg had knowledge that such damages might occur. City of Coburg will not be liable for your acts or omission, including but not limited to improper, unclear or insufficient account or other information, or if you fail to provide current information, or should any account or other information change.

Coburg is committed to keeping all personal information confidential, to the fullest extent practical. Coburg will not deliberately share your information with anyone except the bank that you specify. You should always monitor your records to guard against improper use of your information.

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Date

**Customer Signature** 

Customer Name (please Print)

Return competed form to:City of Coburg, P.O. Box 8316, Coburg, Oregon 97408, or deliver to91136 N. Willamette Street, Coburg, Oregon 97408Questions? Call 541-682-7870