CITY OF PLYMOUTH
124 N Michigan Street
PO Box 492
Plymouth, IN 46563

AUTOMATIC PAYMENT SERVICE (APS)

I authorize the City of Plymouth to deduct funds from my account at the below named to pay my utility bills. Funds will be withdrawn from my account five (5) business days before the 4th of each month. I understand that I can terminate these automatic transactions by notifying the City of Plymouth and my financial institution in writing 30 days prior to the cancellation. I also understand that the City of Plymouth and my financial institution may also terminate my participation in this service, if necessary.

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City of Plymouth Utility Account Number _____

Name _____

Address _____

Telephone Number _____

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Name as shown on financial institution records _____

Financial Institution Name _____ Telephone # _____

Transit Number/ABA (Routing) Number _____ Bank Account _____

Account Type: Checking Savings

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This authority is to begin on _____/_____/_____ (enter date) and remain in full effect until _____/_____/_____ (enter date) or when the City of Plymouth has received written notification from me and in such manner as to afford the City of Plymouth a reasonable opportunity to act on it.

Signed _____

Printed Name _____ Date _____

NOTARIZED
NOTARY JURAT

SUBSCRIBED AND SWORN TO
before me this _____ day of
_____, 20_____
_____
Notary Public Signature
State of _____
County of_____
My Commission Expires_____

Please attach a voided check or deposit ticket