IDAHO FALLS
UTILITIES

PO BOX 50220, 308 Constitution Way,
Idaho Falls, Idaho 83405, 208-612-8280

Automatic Bank Draft Payment Authorization Agreement

I authorize the City of Idaho Falls, Idaho ("CITY") to electronically debit my account **(and, if necessary, electronically credit my account to correct erroneous debits)** at the depository financial institution ("DEPOSITORY") as indicated below for my amount due on my monthly utility bill:

BANK NAME: _____

BANK ADDRESS: _____

CUSTOMER BANK ACCOUNT NUMBER: _____

BANK ROUTING NUMBER _____

CUSTOMER UTILITY ACCOUNT NUMBER _____

PAYMENT OPTION: ☐ Actual Monthly Utility Charges ☐ Budget Billing Monthly Payment Plan

ACCOUNT TYPE: ☐ Checking ☐ Savings

I understand that this authorization will remain in effect until I cancel it in writing to the City of Idaho Falls Utility department or by utilizing the Utilities Self Service Portal located at www.idahofallsidaho.gov/467/Idaho-Falls-Utilities. I agree to notify the CITY of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.

For Automatic Bank Draft debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account no sooner than the bill due date. In the case of an Automatic Bank Draft Transaction being rejected for Non-Sufficient Funds (NSF), I understand that the CITY will charge a $15 return fee as a separate transaction on the next billing cycle.

I acknowledge that the origination of the Automatic Bank Draft transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this Authorization Agreement.

Please provide all parties names and signatures that are on the bank account:

CUSTOMER FULL NAME(S) please print: _____

CUSTOMER ADDRESS: _____

_____	_____	_____
Signature	Signature	Date