



City of Santa Fe

PO BOX 909 - SANTA FE, NM 87504-0909
CUSTOMER SERVICE (505) 955-4333/FAX (505) 955-4363
utilitycustomerservice@santafenm.gov

AUTOMATIC PAYMENT DIRECT DEBIT PLAN AUTHORIZATION AGREEMENT

S/A No. _____

To ensure proper bank coding of your payment transfer:
Please ATTACH A VOIDED CHECK for Checking Account or
Please ATTACH A VOIDED DEPOSIT SLIP for Savings Account

NOTE: Participation in the Automatic Payment Direct Debit Plan is contingent upon your signed consent to the provision below:

I authorize the named financial institution to make deductions from my account for payment of my City of Santa Fe Utility Bill.

RETURN TO:
City of Santa Fe
Utility Billing Division
801 W. San Mateo
Santa Fe, NM 87505

I warrant the truthfulness of the information provided.

Name of your Bank, Savings and Loan, or Credit Union

Savings or Checking Account Number

Your Name (As shown on financial institution records)

Street Address

City State Zip Code

Name on City Utility Account Daytime Phone No.

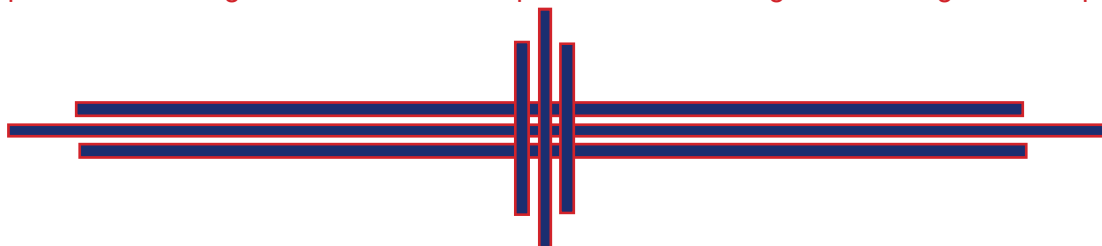
City Utility Account Number

Signature _____ Date _____

Your monthly debit date depends upon your billing cycle and will occur on either the
5th, 15th or 25th.

How would you like to receive your bills? US Mail _____ Email _____
Email address _____

Illegible, incomplete and or unsigned forms cannot be processed. If mailing or delivering this form please PRINT.



Click the submit button to have your completed form emailed to
Utility Billing Division Customer Service.