



SA # \_\_\_\_\_

# AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

To ensure proper bank coding of your transfer, please ATTACH a voided CHECK for Checking Account or voided DEPOSIT SLIP for Savings Account.

**NOTE:** Participation in the Automatic Payment 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 THE CITY OF SANTA FE:**  
White-City of Santa Fe  
**RETAIN FOR YOUR RECORDS:**  
Yellow-Customer

Name of your Bank, Savings and Loan, or Credit Union		
Savings or Checking Account Number		
Your name (as shown on financial institution records)		
Address		Daytime Telephone No.
City	State	Zip Code
Name on City Utility Account		
Account No.		
Signature		Date

Date of Withdrawal (please circle one)      5      15      25  
Send copy of bill monthly? (please circle one)    Yes    No

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