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# AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

To ensure proper bank coding of your transfer, please ATTACH A DEPOSIT SLIP marked "VOID"

**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 Refuse and Sewer Bill.

**RETURN TO THE CITY OF SANTA FE:**  
White-City of Santa Fe  
**RETAIN FOR 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 Refuse and Sewer Account		
Account No. (as shown on your Refuse and Sewer Bill)		
Signature (as shown on financial institution records)		Date

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

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