



# City of Santa Fe

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



## AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

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

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  
801 W. San Mateo  
Santa Fe, NM 87505

I acknowledge and agree to the above terms and I warrant the truthfulness of the information provided.

To ensure proper bank coding of your transfer:

Please ATTACH A VOIDED CHECK for Checking Account or  
Please ATTACH A VOIDED DEPOSIT SLIP for Savings Account

\_\_\_\_\_  
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

\_\_\_\_\_  
City Utility Account Number

\_\_\_\_\_  
Signature

Date of Withdrawal each month (Please choose one)

5th

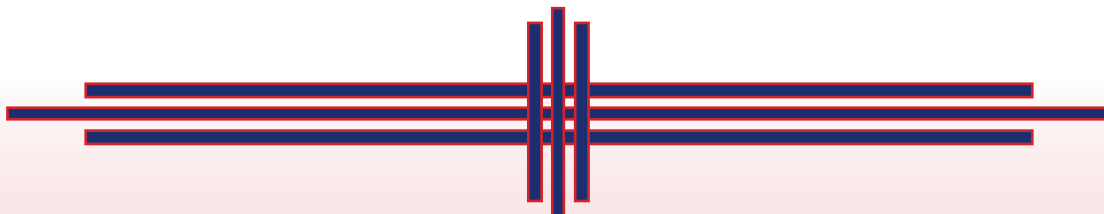
15th

25th

Send copy of bill monthly? (Please choose one)

Yes

No



Please press the submit  
button once you have  
completed the form.

This will e-mail it to the  
appropriate office.