

City of Santa Fe

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





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, Saving	gs and Loan,	or Credit Union
Savings or Checking Accou	unt Number	
Your Name (As shown on f	inancial insti	tution records)
Address		Daytime Telephone No.
City	State	Zip Code
Name on City Utility Accou	nt	
City Utility Account Numbe	r	
Signature		

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.