



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 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.

Date of Withdrawal each month (Please choose one)

Your billing cycle may change your selected date and you will be notified.

5th

15th

25th

Send copy of bill monthly? (Please choose one)

Yes

No

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

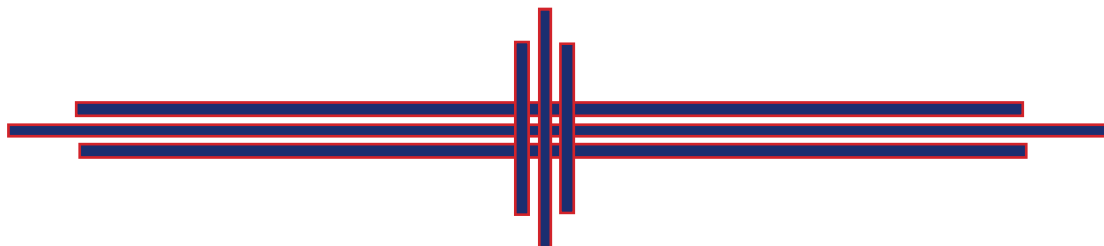
Zip Code

Name on City Utility Account

City Utility Account Number

Signature

Incomplete forms will not be processed.



Please press the submit button once you have completed the form to email it to Customer Service.