



# CITY OF GALT UTILITY BILL DIRECT PAYMENT APPLICATION

City of Galt  
380 Civic Drive  
Galt, CA 95632  
Ofc: 209-366-7150  
Fax: 209-744-2253

**Direct Payment is available to all residential utility customers of the City of Galt**

## ***Billing***

You will continue to receive your City of Galt Utility bill detailing your utility charges on a bi-monthly basis. A message on your bill will advise you that your payment will be made by direct payment.

## ***Request Change or Cancel Direct Payment***

You may request a change by submitting a new authorization form. Cancellations must be in writing, by either mail or fax. Direct Payment will continue as long as your account remains in good standing or until you request a change. Payments rejected by your financial institution will incur a Dishonored Check Fee. Direct Payment participation may be canceled by the City on any account for payment rejected more than once in a 12-month period.

### **WHAT DOES DIRECT PAYMENT MEAN TO YOU?**

- ✧ Your payment will automatically be deducted from the checking account you specify, with no checks to write or postage to pay
- ✧ No worries about late fees
- ✧ You may choose to have your payment made in full on the bi-monthly due date or choose the equalized payment option to have your payment divided in half and deducted each month.

### **SIGN-UP TODAY!**

- ✧ Complete the application below
- ✧ Attach a VOIDED CHECK
- ✧ Return to address listed above
- ✧ Deposit slip will not be accepted

### **QUESTIONS?**

- ✧ Call the Finance Department
- ✧ @ **209-366-7150**
- ✧ Office Hours
- ✧ Monday – Thursday
- ✧ 8:00 a.m. – 5:30 p.m.

### **DIRECT PAYMENT AUTHORIZATION FORM: NEW CHANGE CANCEL**

City of Galt Account Number	
Service Address	
Customer Name (as it appears on utility bill)	
Phone Number (Daytime)	

### **CHECKING ACCOUNT INFORMATION**

Name on Account	
Financial Institution	
Bank Contact Name and Number	
Bank Address	
ABA Routing Number	
Checking Account Number	
<input type="checkbox"/> Full Amount on Payment Due Date	<input type="checkbox"/> Equal Monthly Payments 1 <sup>st</sup> Payment will be deducted on the 10 <sup>th</sup> of the month preceding the due date – 2 <sup>nd</sup> deduction on due date

You will receive written confirmation prior to your first direct payment transaction.

I authorize the City of Galt and the financial institution designated on this application to withdraw from my checking account payment for my utility services. I understand that both the financial institution and the City of Galt reserve the right to terminate my participation. I also understand that, at any time, I may elect to discontinue my enrollment by providing written notification.

Authorized Signature: \_\_\_\_\_  
*Must match name on check*

Date: \_\_\_\_\_

VOIDED CHECK ATTACHED (Deposit Slip Not Acceptable)

Application Accepted By: \_\_\_\_\_