

**AUTHORIZATION FORM**  
**CITY OF CASEVILLE**  
**PAYMENT PLAN AUTHORIZATION**

NAME: \_\_\_\_\_  
(Please Print) First Middle Last

MAILING ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ DRIVER'S LICENSE STATE: \_\_\_\_\_

UTILITY BILLING ACCOUNT #: \_\_\_\_\_ SERVICE ADDRESS: \_\_\_\_\_

**BANK ACCOUNT INFORMATION:**

**\*\*ATTACH A VOIDED CHECK TO THIS FORM\*\***

Bank Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Routing Number \_\_\_\_\_ Acct. # \_\_\_\_\_

\*Amount of debit will be for the quarterly utility bill plus an additional convenience fee (currently 50¢).

\*\*Your account will be debited on the 25<sup>th</sup> of the month the bill is issued.

**CREDIT CARD INFORMATION:**

Type of Card \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 Digit (CVV) Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_

\*Amount charged to your card will be for the quarterly utility bill plus a fee of roughly 2.6%.

\*\*Your account will be debited on the 25<sup>th</sup> of the month the bill is issued.

\*\*\*American Express is not accepted.

Quarterly Utility Payment    OR     One-time Payment Amount of \$ \_\_\_\_\_ on \_\_\_\_\_ (date)

**PAYMENT AUTHORIZATION:**

I authorize my credit card company or bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the City receives written notification from me of intent to terminate at such time and in such manner as to afford the City reasonable opportunity to act (Minimum 15 days).

I understand that the total amount owed to the City may be increased or decreased quarterly with an increase or decrease of my utility bill.

All other changes such as frequency, bank account, Credit Card number change, will require a new payment plan authorization form to be filled out and submitted to the City 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the City due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$30.00 (or the amount allowable by law).

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the City harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Second Authorized Signature  
of Bank Account if Required: \_\_\_\_\_ Date: \_\_\_\_\_