

Direct Payment Plan

We are pleased to offer you a new service – The Direct Payment Plan. Now you can have your payment made automatically from your checking or savings account. You won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- Saves time – fewer checks to write.
- Helps to meet your commitment in a convenient and timely manner, even if you're on vacation or out of town.
- No lost or misplaced statements. Your payment is always on time. It helps maintain good credit.
- Saves postage.
- Easy to sign up for and easy to cancel.

Here's how The Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the 20th of each month, or the following business day.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. However, if we should receive two (2) insufficient fund notices from your bank, your account will be automatically removed from automatic draft and conventional payments will be required.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the downloadable authorization form and return it to us. Once this form is received, it may take up to two (2) months for The Direct Payment Plan to be implemented. "Draft" will appear on your bill to note payment will be taken from your bank account.

NOTE: Should insufficient funds cause your bank to reject the payment, a \$25.00 charge plus late penalty of 10% will be added. Service will be interrupted for nonpayment and an additional \$50.00 fee may be applicable. Please contact us for payment arrangements.

CITY OF SLIDELL

Direct Payment Plan Authorization Form

Utility Account No. _____

I authorize The City of Slidell and the financial institution named below to initiate entries to my checking/saving account. This authority will remain in effect until I notify you in writing to cancel it, in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before by account is charged.

Name of Financial Institution

City State Zip Code

Signature

Name (Please Print) Phone Number

Service Address (Please Print)

Mailing Address (Please Print)

Account Number Checking ____ Savings ____

Financial Institution Routing Number

Note: if we should receive 2 insufficient notices from your bank, your account will be automatically removed from automatic draft and conventional payments will be required.

**** Please attach copy of voided check ****