NEVER PAY A LATE FEE AGAIN!

Direct Payment of your City of Galt Utility Bill is now available!

City of GALT

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

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 past due payments resulting in late charges.
- ★ You can choose to have your payment made in full on the bimonthly due date, or choose the equalized payment option to have your payment divided in half and deducted each month.

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 Changes or Cancel Direct Payment

You may request changes simply by submitting a new authorization form. Cancellations must be in writing, either by 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 because of insufficient funds, closed or unauthorized accounts or any other similar reason will incur a **$30 service charge**. Direct Payment participation may be cancelled by the City of Galt on any account for which payment is rejected more than once within a 12 month period.

Questions? ** Call the Billing and Collections Division at **(209) 366-7150 Monday-Thursday, 8:00 am - 5:30 pm**

Sign up Today! Complete the application below, attach a *VOIDED CHECK* (deposit slip will not be accepted), and return to:

City of Galt Finance Department
Utility Billing & Collections Division
380 Civic Drive Galt, CA 95632

Direct Payment Authorization Form: ☐ New ☐ Change ☐ Cancel

City of Galt Utility Account Number:_____ Service Address:_____

Customer Name (as it appears on utility bill):_____ Daytime phone #:_____

Checking Account Information

Name on Account:_____

Financial Institution:_____ Contact Name: _____ Phone #: _____

Address: _____ ABA Routing Number:_ _ _ _ _ _ _ _ _

Please deduct my payment (check appropriate box):

☐ **Full Amount on payment due date**

☐ **In equal monthly payments** (1st payment will be deducted on the 5th of the month preceding the due date, 2nd 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 in 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.

☐ Is a **VOIDED CHECK** enclosed? **Authorization signature:**_____ _____

Must match name on check Date