Midlothian
TEXAS
Strong Foundations. Bright Futures.

For your convenience….
AUTO-PAY

Pay your monthly utility bills automatically from your checking or savings accounts. It saves time and money – no checks to write, no postage, no fees for the service. Bills will always be paid on time!

You will continue to receive a monthly utility bill indicating water consumption, amount owed and due date. The total amount of your bill is electronically deducted from your checking account, on the 15th of each month, or the next business day. Financial institutions list automatic payments on their monthly account statements.

TERMS AND CONDITIONS FOR ENROLLMENT

You are responsible for contacting your financial institution prior to signing the authorization form below:

- **To ensure your institution's participation, and**
- **Determine bank fees applicable for this service.**

It could take up to 2 billing cycles before the automatic deduction will occur. In the meantime, please continue to pay. Your bill will indicate that electronic bank drafting is effective with the statement: "BANK DRAFT – DO NOT PAY".

A fee of $25.00 for each "insufficient funds" will be assessed by the City. Please call your financial institution regarding questions on fees they may charge separately. The city will remove your account from bank drafting for two "insufficient funds" within a 12 month period (1 year). You will then be ineligible to participate in AUTO-PAY for the next 12 months.

To remove your account from the AUTO-PAY, written authorization must be received in the Utility Billing Office at least 30 days prior to the effective bill date.

Email: utilitybilling@midlothian.tx.us

____New ____Change

☐Set up date_____

☐Pre-note date_____

☐First draft date_____

OFFICE USE ONLY

Authorization Form for Bank Drafting Your Monthly Utility Bills:

I have read and agree with the terms and conditions.
Please initial:_____

I authorize the City of Midlothian to debit my account each month for the amount of services billed on my water/sewer/garbage/recycle utility account. I also authorize my financial institution, below, to debit same amounts from my account.

Name of Financial Institution

City State Zip Code

Financial Institution Phone Number

Please check the appropriate boxes:

Type of financial institution:

_____Bank _____Savings & Loan

_____Credit Union _____Other

Type of account:

_____Checking Account _____Savings Account

Please Print:

Customer Name

Address

City State Zip Code

Signature (s)

E-Mail Address

Date

Utility Account Number

Daytime Telephone Number

YOU MUST INCLUDE A VOIDED CHECK SO THE CORRECT BANKING INFORMATION CAN BE RECORDED

DRAFT DATES WILL BE ON THE 15TH OF EACH MONTH OR THE NEXT BUSINESS DAY