Authorization Form for Automatic Payment Withdrawal

Date _____
Account #_____

Customer
Name(s)_____ _____

Service Address_____
Telephone #_____ Email:_____

Please complete the information below.

I authorize City of Canby to initiate electronic debit entries to my:

____ Checking account (or) _____ Savings account (or) ____Credit Card for payment of my
Sewer & Street Maintenance Fee. **(Visa, MasterCard, Discover Accepted)**

FINANCIAL INSTITUTION NAME/BRANCH(PLEASE PRINT) _____

CITY _____ STATE _____ ZIP_____

FINANCIAL INSTITUTION ROUTING NUMBER _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

ACCOUNT NUMBER AND TYPE OF CREDIT CARD _____

EXPIRATION DATE OF CREDIT CARD_____SECURITY CODE ON BACK OF CARD_____

Please attach a voided check for account verification purposes.

I am authorized to use the payment information provided for this auto payment. I authorize "City of Canby" to charge my credit/debit card account, or deduct from my checking or savings account, held at the specified financial institution, for payment of my bill on the due date shown on my online bill, or on the date I have selected during the signup process.

This authorization will remain in effect until revoked by me, through login to www.xpressbillpay.com and changing the active status of this payment authorization or by submitting written request to City of Canby. I understand that I have the right to stop automatic payment of any bill presented on www.xpressbillpay.com up to the date and time my account is charged. I understand that "City of Canby" and/or the financial institution indicated reserve the right to end this payment plan and my participation therein.

I agree to notify "City of Canby" and/or www.xpressbillpay.com of changes in the expiration date, card number, or account status.

If any payment is not honored, or is returned by the financial institution, I agree that "City of Canby" may charge me a returned item fee up to the maximum allowed by law covering their jurisdiction.

I agree to allow Xpress Bill Pay LLC to store my account information, for the sole purpose of making the indicated automatic payments. I release and hold harmless both "City of Canby" and Xpress Bill Pay LLC from liability or damages resulting from the loss or theft of information. All information is held in accordance with the privacy policies of Xpress Bill Pay LLC and "City of Canby".

SIGNATURE(S) _____ _____

The funds will be withdrawn from your account on the 15th day of each month.

Mail To: City Of Canby PO Box 930 Canby, OR 97013 Attn: Utility Billing Dept.

Instructions for Completing the Authorization Agreement for ACH Debits

All sections must be completed in full.

Customer Name(s)
Provide the name of customer(s) as it/they appear on your bank account.

Service Address
Provide the sewer service address.

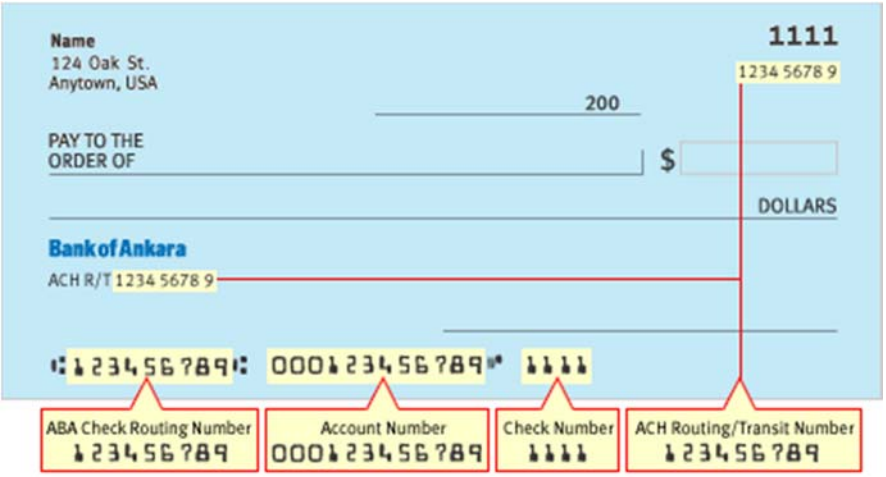
Phone
Provide Customer's phone number.

Customer /Account Number
Provide the customer account number as specified in the upper right corner of the billing statement.

Bank/Depository Name, Address, City and State
Provide the name, branch address, city and state of customer's financial institution.

Bank Transit/Route/ ABA Number
The example of a voided check, shown below, indicates where to locate the routing number for customer's bank.

Bank Account Number
The example of a voided check, shown below, indicates where to locate the customer's bank account.



PLEASE REMEMBER TO ATTACH A VOIDED CHECK