

# City of Wewoka

123 S Mekusukey Ave  
PO Box 1497  
Wewoka, OK 74884

## Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit."

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### Please complete the information below:

I \_\_\_\_\_ authorize the City of Wewoka to charge my account indicated below for the amount of \$ \_\_\_\_\_ on the 10th of each month for payment of my water bill.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

### Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City of Wewoka in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates and there will be a fee of \$00.10. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the City of Wewoka may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge of \$35.45 for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.