



BANK DRAFT ENROLLMENT
AUTHORIZATION FOR CITY OF YUKON
DIRECT BANK DRAFT PAYMENTS

I authorize the City of Yukon and the financial institution named below to initiate entries to my checking/savings account to pay my monthly utility bill. I understand that my drafts will not begin until after my bank account pre-notes on the first payment due date following my enrollment, and that I must pay my monthly bill until "PD BY DRAFT" appears on my statement. This authority will remain in effect until I notify the City of Yukon in writing at least 10 business days prior to the date I wish to cancel. also agree to notify the City of Yukon in writing if I change financial institutions or bank account numbers at least 10 business days prior to my payment due date. I understand the City of Yukon will charge a \$30 fee if any item is returned by my financial institution unpaid for any reason. I acknowledge that the City of Yukon may cancel this agreement to comply with its policies regarding returned items. I understand that my entire balance due will be deducted on the 15th calendar day of each month, or on the next business day if the 15th falls on a Saturday, Sunday or recognized legal holiday. I waive my right to make special pay arrangements while this agreement is in effect. I agree that any adjustments made on my account due to leak repairs or for any other reason will be credited to future bills on my account. A voided check or deposit slip is hereby attached from the account I wish to be drafted.

(Customer Name—Please Print) (Home Phone) (Cell Phone)

(Address) (State) (Zip Code)

(Financial Institution Name) (Routing Number)

(Bank Account Number) (Checking Acct?) (Savings Acct?)

(Customer Signature) (Date)

ATTACH VOIDED CHECK HERE

RETURN TO:

City of Yukon
Utility Billing Department
PO Box 850500
500 W Main St
Yukon, OK 73085
405-350-3910
405-350-8909 fax

customerservice@cityofyukonok.gov