

APPLICATION FOR AUTOMATIC DEDUCTION

The City of Troy offers **AUTOMATIC DEDUCTION** from your bank account for the payment of water, sewer and recycling services provided by the City. The deduction will occur on the 7th, 14th, 21st or 28th of the month, depending upon the respective due date of your billing cycle. If the normal due date falls on a Saturday, Sunday or Holiday then the deduction will occur on the preceding business day. This form needs to be **accurately completed, signed and returned to the Billing and Collection Department along with a VOIDED CHECK** in order for the deduction to begin.

THIS IS MY AUTHORIZATION FOR THE CITY OF TROY TO AUTOMATICALLY:

Debit my Checking Account:

_____, _____
(ACCOUNT NUMBER) (BANK TRANSIT / ABA NUMBER)

at the _____ branch of
(BRANCH LOCATION)

_____ in _____,
(FINANCIAL INSTITUTION) (CITY) (STATE)

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I was sent a statement of account or a written notice of such entry of 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

_____ Service Address	_____ Billing Account Number
_____ Mailing Address, if different	_____ Name – Please Print
_____ Date	_____ Signature