CITY OF FRUITLAND

200 S. Whitley Drive
Po Box 324
Fruitland, ID 83619
Phone: 208-452-4421
Fax: 208-452-6146

www.fruitland.org
msmith@fruitland.org

DIRECT PAY APPLICATION REQUEST

PAYMENT DATE: 15th of each month

CUSTOMER INFORMATION

Customer Name:

Utility Account Number:

Service Address:

Mailing Address: (if different)

Home Phone: **Cell Phone:**

Email Address:

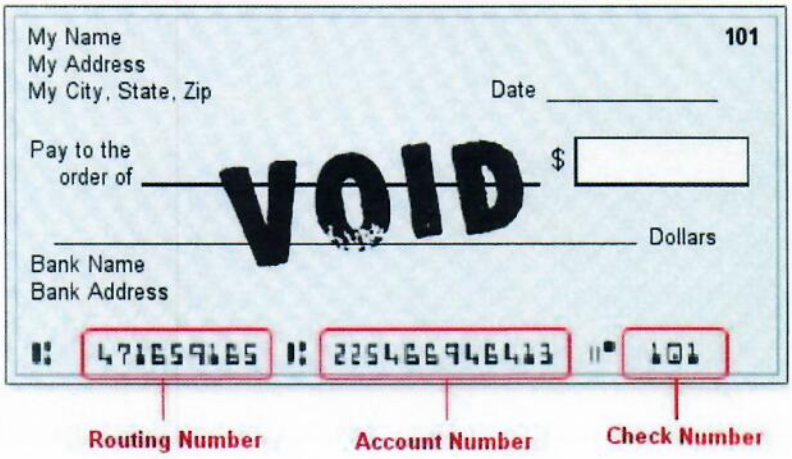
BANK INFORMATION

Bank Name:

Routing #: **Account #:**

Check one: ☐ Checking ☐ Savings

Yes, I want to enroll in the City of Fruitland's Direct Pay program. I hereby authorize the City of Fruitland to initiate entries to the above account. I understand that I am responsible for any extra charges incurred due to insufficient funds in my bank account related to Direct Pay transactions. To terminate this service, I must give written notification to City of Fruitland's Utility Department **15 days prior to the payment date**. I understand this service may be terminated for insufficient funds, a closed bank account, or for reasons deemed necessary by the City of Fruitland. I understand it is my responsibility to notify the City of Fruitland if my banking information changes.

Authorizing Signature: _____ **Date:** _____

Please include a voided blank check that displays your bank information. And remember to continue to pay your bill until your bill says" Direct Pay."