

# CITY OF FRUITLAND

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## DIRECT PAY APPLICATION REQUEST

**PAYMENT DATE: 15<sup>th</sup> 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."**

My Name \_\_\_\_\_ 101  
My Address \_\_\_\_\_  
My City, State, Zip \_\_\_\_\_ Date \_\_\_\_\_  
Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Dollars  
Bank Name \_\_\_\_\_  
Bank Address \_\_\_\_\_  
⑆ 471659165 ⑆ 225466946413 ⑆ 101

Routing Number

Account Number

Check Number

#### LEVEL PAY!

YES! Send me information on the Level Pay Program.