



# City of Homer

## Finance

491 East Pioneer Avenue  
Homer, Alaska 99603-7645

Telephone (907) 235-8121 X 2228  
Fax (907) 235-3140  
E-mail [Lmoore@ci.homer.ak.us](mailto:Lmoore@ci.homer.ak.us)  
Web Site [www.ci.homer.ak.us](http://www.ci.homer.ak.us)

Dear Customer,

In our continuing efforts to bring to our customers more and varied services, we are pleased to announce that you now have the option to pay your bill automatically through an electronic bank draft system. This system is widely used in other industries and has proven to be quite popular. **IF YOU CHOOSE THIS OPTION YOU WILL NO LONGER HAVE TO WRITE US A CHECK FOR YOUR MONTHLY BILLS.** It is quite simple and there is no cost to you. Simply complete the information below and **attach a voided check and return this to our office.**

I hereby authorize an automatic debit on the account designated below for the amount invoiced by (Water/Sewer Utility/Port & Harbor) each month. My account will be debited by an electronic bank draft on the 5<sup>th</sup> of the next month for the new charges on that statement.

### PLEASE PRINT THE FOLLOWING INFORMATION:

CUSTOMER ACCOUNT # \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_

BANK ROUTING # (9 DIGITS) \_\_\_\_\_ (The first row of 9 digits  
On the bottom left of your check)

BANK ACCOUNT # \_\_\_\_\_ (The next row of numbers on the  
bottom left of your check)

YOUR BANK NAME \_\_\_\_\_

In accordance with banking regulation, I understand that any drafts returned for insufficient funds will be electronically debited from my account plus a return fee of \$25.00.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Where the Land Ends and the Sea Begins



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### Automatic Monthly Utility Payment Request

I hereby authorize the City of Homer to automatically charge my credit card each month for payment of my water/sewer bill. This authorization is valid until I notify the City of Homer in writing to cancel this authorization. I understand that it is my responsibility to inform the City of new card expiration date and/or number.

Please print the following information:

NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ E-MAIL: \_\_\_\_\_

CREDIT CARD:                      M/C                      VISA

CARD NUMBER: \_\_\_\_\_ AVS# \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

