CITY OF SAND SPRINGS

100 E. Broadway St. • P.O. Box 338 • Sand Springs, Oklahoma 74063
Phone: 918.246.2500 • sandspringsok.gov

Automatic Bank Draft Payment Authorization

What is Automatic Bank Drafting?

Automatic Bank Drafting allows you to pay your bills automatically by having payments withdrawn directly from your checking or savings account.

* You save time by not having to write checks for your bills.
* You save money on postage and bill paying supplies.
* You no longer have to worry about your payments being lost or about not being able to pay your bills while you are out of town.

Enrollment is easy!

Simply complete the authorization form (see below) and mail it in along with a voided check to ensure accurate processing.

How Automatic Bank Draft Works

You will still see your bills before they are paid. The City will send you a statement by mail before your bill is due. You will know the exact amount and the exact date your payment will be deducted from your account.

If you have questions regarding your bill, you will have ample time to call the City and resolve your concerns.

TERMS AND CONDITIONS OF AUTHORIZATION

REVOCATION

This authority is to remain in effect until revoked by the customer, City, or financial institution. Customer must notify the City to discontinue the automated payment service.

INSUFFICIENT FUNDS

If account deduction fails due to insufficient fund availability, a fee shall be applied to the Customer account. The Customer account will be considered in arrears until payment is made in full, and may be subject to cutoff.

STOP PAYMENT

You have the right to stop payment of a charge by notifying your financial institution and the City up to three (3) business days prior to the charging of your account. NSF fees may apply.

Name on Bill: _____

Email address: _____

Street Address: _____

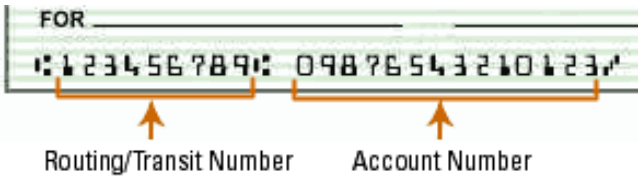
City/State/Zip: _____ Phone: _____

Customer Account Number on Bill: _____

☐ **CHECKING** ☐ **SAVINGS**

Financial Institution: _____ City: _____

Routing #: _____ Account #: _____



I authorize the City of Sand Springs to charge my checking or savings account monthly in the amount of my monthly utility bill and to make the deduction payable to the City of Sand Springs. In making this authorization, I agree to all the Terms and Conditions of Authorization.

Signature: _____ Date: _____

- **For additional information please call: (918)246-2500**
- **Email form and a copy of a photo ID to: utilitiescs@sandspringsok.gov**
- **Print and mail the completed form and copy of a photo ID to:**
  City of Sand Springs, Attn: Customer Service, PO Box 338, Sand Springs, Ok 74063