



**CITY OF ADA
A Municipal Corporation**

**CITY UTILITIES
DEPARTMENT**
210W. 13th
ADA, OKLAHOMA 74820
580-436-6300
utilities@adaok.com

Thank you for your interest in using the Electronic Transfer program. This process eliminates writing checks, buying stamps, and making trips to the bank or office.

You will still be mailed a bill monthly that says: "Paid by Draft"
This bill will remind you to record the amount in your checking or savings account records. If you have a question about the bill, you have five (5) days to contact the City Utilities office for an answer or to stop the deduction.

To enroll please complete the authorization form below. Then return it, along with a voided check with your next utility payment, or bring it to the City Utilities office. Draft forms must be received in our office by the 20th of the month prior to the next billing date. If not received by the 20th, draft will start on the following billing cycle.

Please continue to pay your utility bill in your usual manner until you see the "Paid by Draft" message printed on your bill.

----- CUT HERE -----

NAME: _____ PHONE NUMBER: _____

PHYSICAL ADDRESS: _____

CITY UTILITIES ACCOUNT NUMBER: ____ -- ____ -- ____

ADDITIONAL ACCOUNT: ____ -- ____ -- ____ (IF MORE THAN ONE)

BANK NAME: _____ CITY / STATE _____ ZIP CODE _____

BANK ACCOUNT NUMBER: _____ CHECKING OR SAVINGS (CIRCLE ONE)

I authorize the City of Ada to initiate monthly deduction for payment of utility services and for the financial institution specified by me to pay the amount from my checking account. I understand that my account will be drafted on the due date listed on the bill, or the first working day following this date. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge up to five (5) days after the billing date from the City of Ada. I understand that both the City of Ada and my financial institution reserved the right to terminate this payment plan or my participation therein.

SIGNATURE _____ DATE _____