

## APPLICATION FOR AUTOMATIC DEDUCTION

The City of Troy offers **AUTOMATIC DEDUCTION** from your bank account for the payment of water, sewer and recycling services provided by the City. The deduction will occur on the 14<sup>th</sup> or 28<sup>th</sup> of the month, depending upon the respective due date of your billing cycle. If the normal due date falls on a Saturday, Sunday or Holiday then the deduction will occur on the preceding business day. This form needs to be **accurately completed, signed and returned to the Billing and Collection Department along with a VOIDED CHECK** in order for the deduction to begin. If you donot have or typically do not use checks, **a letter from your bank on their letterhead stating your routing number and account number will be accepted.**

THIS IS MY AUTHORIZATION FOR THE CITY OF TROY TO AUTOMATICALLY:  
Debit my Checking Account:

\_\_\_\_\_, \_\_\_\_\_  
(ROUTING NUMBER) (ACCOUNT NUMBER)

at the \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_.  
(FINANCIAL INSTITUTION) (CITY) (STATE)

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 calendar days following the date on which I was sent a statement of account or a written notice of such entry of 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

**THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.**

\_\_\_\_\_  
Service Address

\_\_\_\_\_  
Billing Account Number

\_\_\_\_\_  
Mailing Address, if different

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature