

Is proud of our service to save you time and money

"Easy Pay"

NOW YOU CAN PAY YOUR UTILITY BILLS THE EASY WAY!!

No more checks to write... Makes record keeping easy

No more stamps or trips to the post office.. Saves time and money

No late fees... *Reduces charges*

Start saving time and money Apply today!

City of Ukiah 300 Seminary Ave.

HERE'S HOW IT WORKS:

- When you enroll in Easy Pay, your financial institution will deduct funds from your checking account to pay your Ukiah utility bills.
- Your bill will be paid for you on time and automatically. You won't have to worry about missing a payment if you are away on a business trip or vacation.
- You'll continue to receive your monthly statement and you'll have 15 days from the billing date to review it before your bank pays the amount due.
- If you feel there is a problem with your bill, call us at 463-6228. You can notify us if you wish to discontinue Easy Pay at any time.

Combine Easy Pay and BUDGET BILLING! to fix the monthly payment at a constant level*

IT'S EASY TO START EASY PAY:

- Simply complete the attached form and return it with your next utility payment.
- Enclose an original check marked "VOID" or a photocopy of a check from the checking account you wish to have debited.
- It takes one full month to complete the process so pay your next bill by check.
- Why wait? Just fill out the form and send it in with your next payment.

EasyPay I hereby autho I understand tl I also wish to l	EasyPay Authorization Agreement I hereby authorize the City of Ukiah to deduct funds from my checking account listed below to pay my City bills. I understand that these automatic payments may be cancelled if I notify the City in writing prior to the next billing date. I also wish to begin budget billing YES NO (Please circle either Yes or No! If neither one is marked, a No will be assumed.)	necking account listed below to pay m I notify the City in writing prior to the ther Yes or No! If neither one is mark	y City bills. e next billing date. ed, a No will be assumed.	
(Please Print)	(Please Print) NAME OF YOUR BANK, SAVINGS & LOAN OR CREDIT UNION		YOUR DAYTIME PHONE	Utility Customer Acct Nur
Your Name(s)	(as shown on Financial Institution Records)	Address where you receive Utility service (Street, City, Zip Code)	ce (Street, City, Zip Code)	
Your Signature (as	Your Signature (as shown on Financial Instituion Records)		Today's Date)ate

EASE ATTACH an original check on which you've written "VOID", or a photocopy of a check from your checking account. Return it along with this form hyour next payment. Our office will "pre-note" your account information to the bank on your next billing. Payment is automatically transferred after one full

^{*} Budget Billing is subject to limitations. Contact our Customer Service Department to determine your budget billing amount.