



8930 N Government Way Hayden, Idaho 83835

## Pre-Authorized Payment Plan Authorization Form

### A. Customer Information

Name on Sewer Bill:

Sewer Account Number:

Property Address:

Your name (if different from name on bill):

Mailing Address (if different from property address):

Daytime Phone Number:

Email Address:

### B. Financial Institution Information

Name of Financial Institution:

Address:

City:

State:

Zip:

Phone:

**Please attach a voided check**

Deduction frequency:

Monthly (1/2 Current Bi-Monthly Amount)

Bi-Monthly (Full Current Bi-Monthly Amount)

**Sewer rates are subject to change, a 30-day notice will be mailed to address on file at time of change.**

### C. Customer Authorization

*I hereby authorize the City of Hayden to collect payment of my utility bill by initiating debit entries (deductions) to the bank account shown on the attached voided check (required). I understand this authorization will remain in effect until I have cancelled in writing.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Complete this form and return to:  
City of Hayden Finance Department  
8930 N. Government Way  
Hayden, ID 83835

Forms may be left in the drop box in front of City Hall.

### FOR CITY STAFF USE ONLY

Date Received: \_\_\_\_\_ by \_\_\_\_\_

Date Entered: \_\_\_\_\_ by \_\_\_\_\_