



## EZ Pay -Bank Draft Authorization Form

The City of Charlotte is authorized to debit my checking savings account number \_\_\_\_\_ at \_\_\_\_\_ (bank) of \_\_\_\_\_ (City, State) for water, sewer and storm water charges. I understand this authorization will be in effect until I notify the City of Charlotte and my financial institution that I elect to change my payment method, allowing them reasonable time to act on my notification. I will go online to the My Citizen Services Portal or my bank's website and discontinue any other scheduled recurring payments to avoid duplicate transactions. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (debit or credit) 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 an entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is an error and requesting credit back to my account.

\_\_\_\_\_ I affirm that no portion of the bank draft payments made to the City of Charlotte from the account that I designated have been transferred from a foreign bank account.

\_\_\_\_\_ I affirm that some, or all, of the bank draft payment made to the City of Charlotte is subject to funds being transferred from a foreign bank account. I understand that any future payments that may be remitted to the City of Charlotte may be labeled with "IAT" as the standard entry class. I acknowledge that availability of funds debited from the account will be subject to my receiving the financial institution's policies and procedures. I also understand that the City of Charlotte may elect to discontinue bank draft payments and request me to remit funds using an alternative payment method.

***This authorization is non-negotiable and non-transferable.***

Customer Name \_\_\_\_\_

Account Number for City Services Bill \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-mail \_\_\_\_\_

Authorized Signature \_\_\_\_\_

***Attach a voided check or savings account withdrawal slip to this form.***

Mail or fax to: City of Charlotte | Management & Financial Services | Finance-Revenue  
Attn: EZ Pay | P.O. Box 31032, Charlotte, NC 28231-1032  
Fax: 704-336-7090