



## City of Tracy

Finance Department  
333 Civic Center Plaza • Tracy • CA • 95376  
Phone: 209-831-6800 • Fax: 209-831-6846  
Email: [Customerservice@cityoftracy.org](mailto:Customerservice@cityoftracy.org)  
[www.cityoftracy.org](http://www.cityoftracy.org)

### AUTHORIZATION FOR EFT AUTOMATIC PAYMENT OF UTILITY BILL

I hereby authorize the City of Tracy to initiate debit entries (and if necessary, credit entries and adjustments for any debit entries in error) to my account(s) listed below. I also authorize the Financial Institution named below to debit and credit the same entries to such account(s).

**Financial Institution**

**Transit/Routing Number\***

**Account Number**

**Bank Location** (address for Financial Institution from front of check):

**PLEASE ATTACH A VOIDED CHECK**

\* The Transit/Routing Number is located at the lower left hand corner of your check (usually the first 9 digits). If you are unsure of this number, please check with your financial institution. The Transit/Routing number and bank account must be listed exactly as they appear on your check and you must attach a voided check (deposit slips not accepted).

### LIST BELOW ALL ACCOUNTS TO BE AUTOMATICALLY PAID:

City Of Tracy Account Number

City of Tracy Customer ID Number

Service Address

City Of Tracy Account Number

City of Tracy Customer ID Number

Service Address

City Of Tracy Account Number

City of Tracy Customer ID Number

Service Address

This authorization shall remain in full force and effect until the City of Tracy has received written notification from me of its termination in such time and in such manner as to afford the City of Tracy and the Financial Institution a reasonable opportunity to act on it. I understand that failure to ensure sufficient funds to cover the debit of my account for the amount listed on my utility bill is sufficient cause for termination of this agreement by the City of Tracy Finance Department. Additional charges may be assessed to my utility account and the City of Tracy may terminate my utility services in such circumstance.

Name (Please Print)

X

( )

Signature

Date

Phone

**Please return signed application to City Of Tracy – Keep copy for your records**

Please note: EFT Automatic Payments will generally begin with the new bill following receipt of this application. However, continue to pay your bill until the message "Recurring Payment - DO NOT PAY" appears on your payment stub.