



AUTOPAYMENT AUTHORIZATION AGREEMENT

| | |
|---------------------------|--------------------|
| Tax Lot Number | |
| Owner Name | |
| Main Phone Contact | Other Phone |
| Email Address | |

| BANK INFORMATION | |
|---|----|
| Name on Account | |
| Address on Account | |
| Bank Transit Routing Number (9 digits) | |
| Bank Account Number | |
| Monthly Payment Amount | \$ |

Attach Voided Check in this space

Upon processing and approval your designated bank account will automatically be billed for amounts due per your contract agreement in the first week of each month.

You may cancel this automatic billing authorization at any time by contacting City of Coburg in writing, by phone or email. You may stop payment of preauthorization electronic fund transfers by notifying your bank or financial institution in accordance with the procedures it has established. Termination of a preauthorized electronic fund transfer does not affect your obligation to make timely payment in some other acceptable manner, and may result higher interest rates or in payment in full becoming due.

To the extent allowable by law, the liability of City of Coburg in connection with this authorization is limited to the amount of any incorrect charge or withdrawal. City of Coburg will not be liable for any other damages, whether direct, incidental, special or consequential, whether or not the City of Coburg had knowledge that such damages might occur. City of Coburg will not be liable for your acts or omission, including but not limited to improper, unclear or insufficient account or other information, or if you fail to provide current information, or should any account or other information change.

Coburg is committed to keeping all personal information confidential, to the fullest extent practical. Coburg will not deliberately share your information with anyone except the bank that you specify. You should always monitor your records to guard against improper use of your information.

AUTHORIZATION

_____ Date

_____ Customer Signature

_____ Customer Name (please Print)

Return completed form to: **City of Coburg, P.O. Box 8316, Coburg, Oregon 97408**, or deliver to **91136 N. Willamette Street, Coburg, Oregon 97408**
Questions? Call 541-682-7870