



A Living Memorial to World War I

CITY OF NITRO  
PO BOX 308  
NITRO, WV 25143  
(304) 755-0702

**DIRECT PAYMENT AUTHORIZATION FORM: FIXED PAYMENTS**

The City of Nitro is pleased to offer you a new service—the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- It saves time - fewer checks to write and mail.
- Helps pay your bills in a convenient and timely manner - even if you're on vacation out of town.
- Your payment is always on time - it helps maintain good credit.
- It saves postage - many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.
- No late charges.

Here's how the Direct Payment Plan Works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing your payment changes, we will notify you at least 10 days before the payment date. The direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us. All you need to do is:

1. Mark the box before type of account to indicate whether payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

**NOTE: BE SURE TO SIGN THE FORM!**

I authorize the City of Nitro to initiate electronic debit entries to my: \_\_\_\_\_ checking account \_\_\_\_\_ savings account

Monthly Nitro Municipal Fee in the amount of \$ \_\_\_\_\_

FOR NITRO ACCOUNT (S) \_\_\_\_\_

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authority will remain in effect until I have cancelled it in writing.

DATE PAYMENT WILL BE DEDUCTED—10TH OF EACH MONTH BEGINNING \_\_\_\_\_

FINANCIAL INSTITUTION NAME (PRINT) \_\_\_\_\_

FINANCIAL INSTITUTION ACCOUNT NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION ACCOUNT NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_