ABD BILL PAYMENT PROCESS

Please continue to pay your utility bill until you receive a bill with a "Do Not Pay - account is being drafted for the total amount due" message on your statement. Once enrolled, you will continue to receive a statement stating that the amount will be automatically drafted from your bank account. The amount will be withdrawn from your bank account on the 1st of the month or within two (2) business days after. ABD withdrawals will be for the "Total Amount Due".

CITY CANCELLATION OF ABD

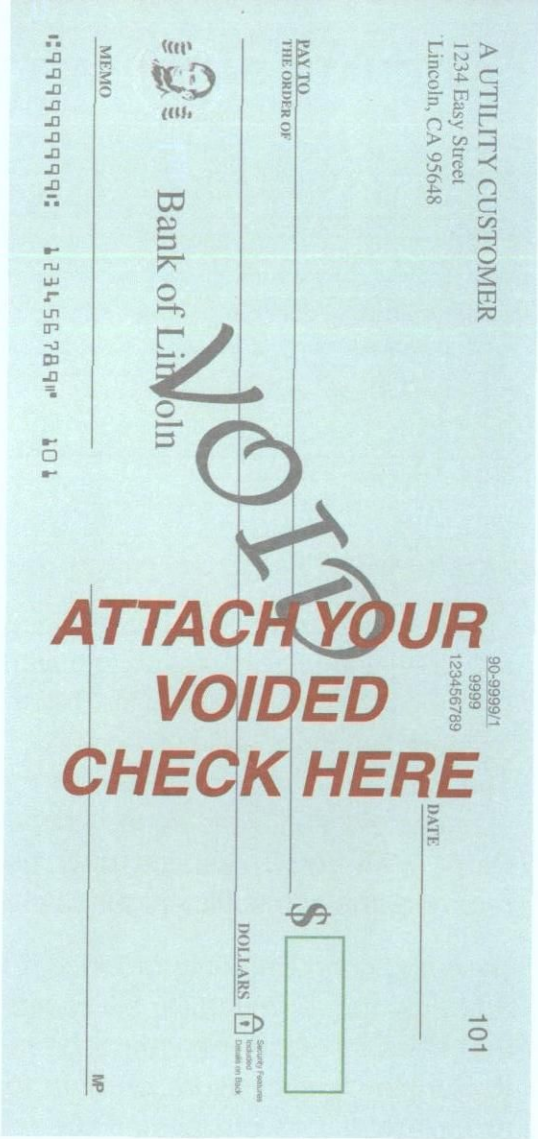
Should the City deem it necessary to discontinue the ABD program individually or collectively, an ABD cancellation notice will be sent to the customer(s).

CUSTOMER CANCELLATION OF ABD

The customer may discontinue his/her participation in the ABD program by submitting a written request to the City. Please allow up to thirty (30) days to process your cancellation once received.

The City of Lincoln ABD cancellation form is available via the City of Lincoln website at *www.ci.lincoln.ca.us* or by request.

LiveLife Lincoln



ATTACH YOUR VOIDED CHECK HERE

City of Lincoln

Simplify your life with The City of Lincoln's Automatic Bank Draft Service

Save time and money paying your City of Lincoln utility bill

Sign up for the City of Lincoln's Utility Bill Automatic Bank Draft (ABD) Payment Service

Utility bill payments to the City of Lincoln can be made from your checking or savings account. The service is free of charge, easy to use, and a convenient way to pay your utility bill, allowing you to:

- Get rid of the check writing chores;
- Make payments on time, even when you are away from home; and,
- Save postage and the cost of checks.
- Continue to receive monthly statements confirming account balances.

TO SIGN UP

Use the authorization form in this brochure and enclose the following:

1. A completed and signed application form; and
2. Attach a voided check from your checking account or the savings account number and the American Banker Association (ABA) routing number from your financial institution.

Application should be mailed or dropped off. Submission Address:

Lincoln City Hall
600 Sixth Street
Lincoln, CA 95648

Enrollment time is approximately one billing cycle upon receipt of application.

CUSTOMERS ELIGIBILITY & REQUIREMENTS

1. Customer's Utility Account must be current (no past due balance) prior to implementing ABD.
2. As an owner, bank account information must match City of Lincoln utility account information.
3. As a tenant, the tenant must be currently receiving the bill.
4. The City of Lincoln must have written authorization to initiate ABD debits. The authorization agreement form **must** be filled out completely and the customer **must** provide a voided check.
5. Customer must have a Checking or Savings account, and their bank must accept ABD transmissions.

AUTOMATIC BANK DRAFT AUTHORIZATION AGREEMENT FORM

(PLEASE PRINT CLEARLY)

First Name | Middle Initial | Last Name

Service Address | City | State | Zip

City of Lincoln Utility Account Number | ( ) Home Phone Number | ( ) Work Phone Number

Name of Financial Institution | ABA/Routing Number

Checking Account Number | or | Savings Account Number

I hereby authorize The City of Lincoln to deduct funds from my account at the above indicated financial institution to pay my monthly utility bill. I understand that both The City of Lincoln and my financial institution reserve the right to terminate this payment plan or my participation therein. In addition, I may stop automatic bank draft service by notifying The City of Lincoln in writing. I further understand that if two payments are returned because of insufficient funds within a six month period, my participation in the Automatic Bank Draft (ABD) service may be automatically cancelled. Additionally, payments returned due to insufficient funds are subject to a return check fee of $25.00.

By authorizing The City of Lincoln to deduct funds from my account, I acknowledge that payment of my utility bill remains my sole responsibility. I agree and understand that The City of Lincoln cannot be responsible for any failures of my financial institution to transfer funds, failure of mine to maintain sufficient funds in the paying account, or for any failure of transfer due to problems arising from the Automatic Bank Draft payment service.

Your Signature | Date

Office Use Only

Received Date | Processed Date | CSR