

CITY OF MILPITAS



AUTOMATIC PAYMENT SERVICE (APS) AUTHORIZATION AGREEMENT

Sign up for Automatic Payment Service (APS) and your City of Milpitas Municipal Services bill will be automatically paid from your bank account on the Wednesday prior to the due date. You will continue to receive your regular billing statement, so there's plenty of time to contact us with any questions before your payment is deducted from your bank account. Call us at (408) 586-3100, or visit www.ci.milpitas.ca.gov.

NEW APS ENROLLMENT (PLEASE PRINT)

1 - Pay from your bank account.

Account Type: Checking

Attach a voided check in the space below.

2 - Complete the short application below.

Service address

Phone #

Name on City of Milpitas account

2 _ _ _ _ _

City of Milpitas Account Number (as shown on your bill)

I authorized the City of Milpitas to deduct funds from my account on the Wednesday prior to the due date at the financial institution listed above to pay my Municipal Services bills. I understand that I can stop these automatic payments if I notify the City of Milpitas and/or my financial institution in writing. I also understand that the City of Milpitas and/or my financial institution can stop my participation in this service if necessary.

Signature as shown on financial institution records

Date

3 - Mail completed form and/or voided check to:

City of Milpitas
Attn: APS
455 E. Calaveras Blvd.
Milpitas, CA 95035

4 - Continue to pay your bill until your bill shows "Do Not Pay" (allow 6-8 weeks).

CHANGE APS ENROLLMENT (PLEASE PRINT)

CHANGE BANK ACCOUNT INFORMATION

1 - Pay from your bank account.

Account Type: Checking

Attach a voided check in the space below.

Service address

Phone #

2 _ _ _ _ _

Name on City of Milpitas account

City of Milpitas Account Number (as shown on your bill)

I authorized the City of Milpitas to deduct funds from my account on the Wednesday prior to the due date at the financial institution listed above to pay my Municipal Services bills. I understand that I can stop these automatic payments if I notify the City of Milpitas and/or my financial institution in writing. I also understand that the City of Milpitas and/or my financial institution can stop my participation in this service if necessary.

Signature as shown on financial institution records or credit card

Allow one full billing cycle for change to be processed.

END APS ENROLLMENT (PLEASE PRINT)

Effective date _____ please cancel my APS.

Complete the short application below.

Service address

Phone #

2 _ _ _ _ _

Name on City of Milpitas account

City of Milpitas Account Number (as shown on your bill)

Signature

Date

Allow one full billing cycle for cancellation to be processed.