



### Automatic Payment Program

The Kingsbury General Improvement District is happy to announce its new **Automatic Payment Program**. The **Program** allows you to make your utility payment automatically, saving you time and postage expense. Your payment is deducted automatically from your bank account and credited to your utility account.

The **Program** is available to all customers who have checking or savings accounts. Here is how it works. You complete and return the **Authorization Form**, which authorizes the District to charge your bank account for your utility bill payment. Include a voided check if payment will be made from your checking account. Or, if the payment will be made from your savings account, include a pre-printed deposit slip. The District takes care of the rest. There are no sign up fees and no transaction fees.

You must continue to make payments as usual until the **Automatic Payment Program** has taken effect. You will know the **Program** is in effect when you see a notation on your utility bill. The notation will read "Auto Pay" and will be located towards the bottom of your invoice under **Amount Enclosed**. Please note if the 20<sup>th</sup> falls on a Saturday or Sunday payment will be taken out on the following business day. Give us a call if you have any questions.

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### **Authorization Form**

#### **Automatic Payment Program**

This form must be filled out completely. A separate authorization form is required for each Kingsbury G.I.D. account. Please print in ink or type the following information.

Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

K.G.I.D. Account Number \_\_\_\_\_

Service Address \_\_\_\_\_

I/we have read the Automatic Payment Program information and authorize the Kingsbury General Improvement District, the designated agent, and my/our financial institution to process variable entries to my/our account.

This authorization is to remain in effect until the Kingsbury General Improvement District has received written notification from me/us of its termination at least 15 days prior to the next transaction date.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: Be sure to enclose your voided check with your Authorization Form.**  
P.O. Box 2220, Stateline, NV 89449 (775) 588-3548 Fax (775) 588-3541