



Utilities Department, 1220 Sweetwater Road, Incline Village, NV 89451-9214
 Telephone # 775-832-1203, Fax # 775-832-1260

**ELECTRONIC FUNDS TRANSFER
 MONTHLY UTILITY PAYMENT APPLICATION**

Name(s): _____

Mailing Address: _____

Telephone No: _____

 Owner Email Address, (one address only, please).

Service Address: _____

Utility Account Number: _____

EFT AUTHORIZATION

I authorize that (Bank Name) _____
 pay for me and post to my account my utility payments for Incline Village General Improvement District by
 electronic funds transfer. This remains in effect until it is cancelled by me in writing. I understand that I must
 submit written notice of my intended cancellation ten days prior to the due date of the invoice. I agree that if my
 electronic funds transfer is denied by my bank, I will no longer be able to use the Electronic Funds Transfer method
 of payment. I understand that funds can only be transferred from bank accounts located within the United States of
 America.

**-MANDATORY: PLEASE ATTACH AN ACTUAL VOIDED CHECK-
 NO COPIES OR DEPOSIT SLIPS**

Bank Account Number (Checking) _____

Yes, I understand that utility payments will be handled automatically.

Date _____

X _____
 Signature

X _____
 Signature

Utility payments will be taken from your checking account 1-2 business days prior to your due date. You will
 continue to receive a monthly statement indicating: "Invoice is paid through automatic withdrawal from your bank."