



**City of University City  
Electronic Funds Transfer (EFT)  
For Solid Waste Payment Program**

Save time by signing up today to participate in the city's Electronic Funds Transfer (EFT) program for solid waste services. The EFT program allows your payment to be drawn from your bank account five (5) business days before the due date and applied directly to your refuse bill during each billing cycle. It's free and convenient! To participate:

- 1) Complete and sign the application below. Remember to write clearly and include a contact number.
- 2) Attach a copy of a voided check which shows the bank routing number and bank account number that the payment should be drawn from.
- 3) Mail the application form and voided check to:

City of University City  
Finance Department  
6801 Delmar Blvd., 1<sup>st</sup> Floor  
University City, MO 63130

Finance Department Phone Number: (314) 505-544

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**ENROLLMENT & AGREEMENT FORM FOR ELECTRONIC FUNDS TRANSFER (EFT)  
SOLID WASTE PAYMENT PROGRAM**

**Checking Account Information:**

Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

I (we) hereby authorize the City of University City (hereinafter referred to as CITY) to initiate or change debit entries, and to initiate, when necessary, credit entries and adjustments for any debit entries in error, to my (our) checking account indicated above for the payment of the semi-annual refuse bill. I further authorize the depository named above (hereinafter referred to as BANK) to debit and/or credit such account. I understand that debits will be made five business days before the due date of each semi-annual bill for the balance amount as shown on such bill. The authority shall remain in full force and effect until the CITY has received written notification from me (us) of its termination in such time and manner as to afford the CITY and BANK a reasonable opportunity to act on the termination request. Further, I acknowledge that I have read and agree to the terms of the EFT program.

**Personal Information:**

Name (please print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Service Address (s): \_\_\_\_\_

Mailing Address (if different from service address): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_