



Authorization to Honor Automatic Payment

I have chosen to utilize automatic payment services.
Please make the following debit to my/our bank account.

Note: Payments will be automatically deducted from your checking or savings account. The bill is due on the 20th of the month, if the 20th should fall on a weekend the automatic deduction will occur the Friday before. If the 20th falls on an observed holiday, the funds will be pulled the preceding business day.

Customer Name

Customer Address

Customer Phone Number

Customer City Account Number

What type of account will funds be drawn from? *(Please circle one)* Checking Savings

Bank Name

Bank Routing Number

Bank Account Number

Customer Signature Date

Utility Services Representative Signature Date