

City of Perkins ACH Debit Authorization

Office Use Only
Bank #: _____
Utility Acct #: _____
Date Entered: _____

Customer Information

Name on Utility Account: _____ Phone #: _____

Service Address: _____ Utility Account #: _____

Bank Information

Accountholder Name: _____ Bank Name: _____

Bank Address: _____ Bank Phone #: _____

Account Type: Checking Savings

Routing #: _____ Account #: _____

I hereby authorize City of Perkins to debit my account at the above listed bank once every month, beginning on _____, for the purpose of paying my City of Perkins utility bill. I have provided the City of Perkins with a voided check or deposit slip. I understand that I am responsible for providing accurate and current information on this form and that this authorization will only be applied to the utility account listed above. I understand that this authorization is valid until I provide written termination to the City of Perkins.

Utility Accountholder Signature

Date

Bank Accountholder Signature *(if different from above)*

Date

ATTACH
VOIDED CHECK (CHECKING ACCOUNT)
OR
DEPOSIT SLIP (SAVINGS ACCOUNT)