

ACH DEBIT AUTHORIZATION

Customer Information

Name on Utility Account: _____ Utility Account #: _____
Service Address: _____ Phone #: _____

Bank Information

Accountholder Name: _____ Bank Name: _____
Bank Address: _____ Bank Phone #: _____

Bank Account Information

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)

Office Use Only

Bank #: _____ Utility Account #: _____ Date Entered: _____