



PAYMENT AUTHORIZATION

I authorize the City of Evans to instruct my bank/financial institution to deduct the amount due on my Evans utility payment directly from the account listed below on the next business day at least twenty days after the billing date. I understand this authorization will remain in effect for this address until the City of Evans receives written notification from me of its termination. I also understand that any debit that is dishonored by my financial institution because of insufficient funds will cancel this agreement.

Customer Name (as shown on utility bill): _____

Utility Account Number: _____

Service Address: _____

Mailing Address: _____

Day Time Phone: _____

Financial Institution: _____

Bank Account Number: _____

Bank Routing Number: _____

Withdrawal from (Mark one): Savings Account Checking Account

Date: _____ Signature: _____

Please mail or drop off payment authorization form with a voided check. This is a requirement.

ATTACH VOIDED CHECK HERE