



Utility Account #: _____ Start Month/Year: _____
(Upper left corner of bill) (Requests due by the 15th of the month)

AUTHORIZATION FOR DIRECT PAYMENT

I authorize City of Dilworth to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the City of Dilworth a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged, additional fees may apply.

(NAME - PLEASE PRINT)

(ADDRESS - PLEASE PRINT)

(PHONE #) (EMAIL)

(SIGNATURE) I understand that payments will be deducted from my account on the 20th of the month.

STAPLE VOIDED CHECK HERE

- ▶ The current Monthly Utility Charges will be deducted from your bank account on the 20th day of each month or the following business day.
- ▶ Please notify our office by the 15th of the month if you wish to:
BEGIN AUTO PAY for your UTILITY ACCOUNT
OR
CANCEL AUTO PAY AUTHORIZATION (written request required).
- ▶ A Utility Bill Card will be mailed on approximately the 5th day each month listing the amount to be deducted on the 20th.

(NAME OF FINANCIAL INSTITUTION) (CITY) (STATE)

Account No. _____ Checking Savings

Financial Institution Routing Number _____

(between these symbols   on the bottom left of your check)