

AUTOMATIC BILLING AUTHORIZATION FORM FOR UTILITY PAYMENT

Date of Application _____

Account Number _____

I AUTHORIZE YOU TO CHARGE MY MONTHLY BILL AUTOMATICALLY TO MY CREDIT CARD.

_____	_____
Name on Card	Amount

Billing Address	City State Zip Code

Credit Card Number	Expiration Date CVC

I AUTHORIZE YOU TO TAKE MY MONTHLY PAYMENT THROUGH ACH.

_____	_____
Name of Account Holder	Amount

Name of Bank	Routing Number Account Number

Billing address	City State Zip

This authorization is valid until I provide written cancelation.
Authorization must be renewed every two years.
It is my responsibility to notify City of Nicoma Park with any changes to my information.

Signature

Date

The information submitted on this form will be used for sewer/water payments Only.
This information will be held in a secure location. The City of Nicoma Park will keep information confidential.