



CENTERVILLE CITY  
250 North Main Street  
Centerville, UT 84014  
801-295-3477

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS**

Name of your bank or credit union (please print): \_\_\_\_\_

Account from which you wish funds transferred:

Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

**OR**

Savings Account Number: \_\_\_\_\_

Print your name: \_\_\_\_\_  
(As shown on financial institution records.)

Property address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(As shown on financial institution records.)

**IMPORTANT NOTE:** To ensure proper bank coding of your transfer, please **ATTACH A CHECK** that you have marked **"VOID"** showing your complete account number.

I authorize Centerville City to begin deductions from my account with the financial institution named for payment on my City utility bill.

This authorization will remain in effect until revoked by me in writing. I understand that I have the right to stop automatic payment of my City utility bill upon timely written notice to Centerville City prior to the time my account is charged. I understand that Centerville City and/or the financial institution indicated reserve the right to end this payment plan and my participation therein.

On the \_\_\_\_\_ of each month, beginning \_\_\_\_\_, I authorize  
(Date) (Month and Year)

\_\_\_\_\_ to pay and charge my account the amount of any Automatic  
(Name of bank or credit union.)

Bill Payment service drawn on my account and payable to the order of Centerville City.

I sign as follows:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ Utility Acct Number: \_\_\_\_\_  
(As shown on utility statement.)