

AUTOMATIC BILL PAYMENT ENROLLMENT FORM

Customer Name _____

Service Address _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____

Name of Financial Institution _____

Nine Digit ABA/Routing Number _____

Checking Account # _____ OR Savings Account # _____

(Enclose a Voided Check)

Utility Billing Account # _____

I (as the owner of the above bank account) authorize the City of Morrison to deduct my utility bill payment from the checking or savings account listed above. This authority is to remain in full force and effect until the City of Morrison has received written notification from me of its termination in such time and manner as to afford a reasonable opportunity to act on it.

Signature _____ Date _____