



CITY OF CENTERVILLE
DIRECT PAYMENT AUTHORIZATION

Today's Date _____

Last Name _____ First _____ Middle Init: _____

Address: _____

City: _____ State: _____ Zip: _____

I authorize the City of Centerville to withdraw funds from my account on the 5th day of the month that the utility bill is due (*i.e. May 5, August 5, November 5, and February 5*) until I stop payment by notifying the City of Centerville in writing 5 days before my account is charged. The amount withdrawn each quarter is to be applied for payment of utilities provided by the City.

Account Information:

Name of Bank: _____

Type of Account: _____ Checking _____ Savings

Bank Routing Number: _____

Bank Account Number: _____

Attach a voided check or copy of a voided check if using a checking account. Please do not attach deposit slips.

This is a voluntary authorization to withdraw a quarterly deduction from my checking or savings account for the purpose mentioned. It shall remain in effect until canceled in writing.

Signature

Date

Office Use

Utility Bill Account No: _____