



**AUTOMATIC BILL PAYMENT AUTHORIZATION - UTILITIES**

I hereby authorize the City of Clayton to automatically debit my checking/savings account indicated below at the financial institution named below.

**BANK INFORMATION**

FINANCIAL INSTITUTION \_\_\_\_\_

BRANCH LOCATION / CITY \_\_\_\_\_

ACCOUNT TYPE                      CHECKING                       SAVINGS

ACCOUNT NUMBER                      \_\_\_\_\_                      ROUTING NUMBER \_\_\_\_\_

**\* Please include a voided check if deduction is coming from a checking account, or a deposit slip for a savings account.**

**NOTE:** All changes of bank information are the responsibility of the customer.

I will receive a copy of each utility bill prior to my withdrawal and I understand that this authorization will be in effect until I notify the City of Clayton and my financial institution in writing seven (7) working days prior to the cancellation.

**CUSTOMER INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

UTILITY BILLING ACCOUNT NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**THE DEDUCTION WILL OCCUR ON THE 15<sup>TH</sup> OF THE MONTH YOUR QUARTERLY BILL IS DUE OR THE CLOSEST BUSINESS DAY TO THAT DATE.**