



Utility Bill ACH Authorization Form

Utility Account Holder Information

First Name: _____ Last Name: _____

Address: _____ City: _____

Phone Number () - _____ State: _____ Zip: _____

Water Account Number: _____

(Found on Water Bill)

Bank Account Holder Information

First Name: _____ Last Name: _____

I, the account holder, authorize the City of Mountain City to withdraw the full amount due for my utility bill on the business day closest to the 10th of the month. Payment will be withdrawn from the financial institution shown below. This authorization shall remain in effect until the City of Mountain City receives written notification from the account holder listed above.

Bank information

Bank Name: _____

Checking Savings (Choose One)

Routing Number _____ Account Number _____

Bank Address: _____ City: _____

Bank Phone Number () - _____ State: _____ Zip: _____

Signature: _____

Attach voided check here