



Authorization for Automatic Payment of Utility Account

Date		Utility Account Number	
Utility Account Name		Phone Number	
Garibaldi Address			
Billing Address			
Name of Bank			
Bank Routing Number		Bank Account Number	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

I hereby request and authorize that the City of Garibaldi charge my account beginning the date shown above via "utility auto-pay" (ACH bank processing) on each regular monthly billing date. I understand that the City will provide me with utility bill via regular postal mail.

I agree to give the City of Garibaldi a minimum of three business days' **notice before billing day** in the event of an account number change, bank change, or discontinuance of this request for auto-pay service.

Signed: _____
Utility Account Holder

Accepted: _____
Processed: _____

IF YOU WOULD LIKE, YOU CAN ATTACH A VOIDED CHECK FOR THE ACCOUNT
YOU WISH YOUR UTILITY BILL TO BE PAID FROM