Authorization for Automatic Payment of Utility Account

Date	
Utility Account Name	
Telephone Number	
Street Address	
Utility Account Number	
Name of Bank	
Type of Account	❑ Checking ❑ 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 or email.

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: _____ Accepted: _____
Utility Account Holder Processed: _____

ATTACH BELOW A VOIDED CHECK FOR THE ACCOUNT YOU WISH YOUR UTILITY BILL TO BE PAID FROM

GARIBALDI CITY HALL - 107 SIXTH ST. (P.O. BOX 708) - GARIBALDI, OREGON 97118
PHONE (503)322-3327 - FAX (503)322-3737
E-MAIL: city@ci.garibaldi.or.us; WEB SITE: www.ci.garibaldi.or.us
THE CITY OF GARIBALDI IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER