



THE CITY OF DOUGLAS

425 10TH STREET, DOUGLAS, ARIZONA 85607

Telephone (520) 417-7334

Fax (520) 417-7150

Finance Department

Utility Billing

AUTHORIZATION FOR AUTOMATIC PAYMENT

Name (as shown on City utility bill): _____

City Utility Account Number(s): _____

Service Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Debit My: Checking Account (Attach Voided Check) Savings Account (Attach deposit slip)

Name (As Shown on Checking or Savings Account): _____

Bank Account Number: _____ ABA Transit Number: _____

Financial Institution Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Scheduled charge date is the eighth (8th) day of every month. If Weekend or holiday, payment is deducted one business day before the eighth.

I HEREBY AUTHORIZE THE CITY OF DOUGLAS AND THE FINANCIAL INSTITUTION DESIGNATED ABOVE TO CHARGE THE ACCOUNT(S) I HAVE SPECIFIED FOR PAYMENT OF MY CITY UTILITY BILL. I UNDERSTAND THAT A FEE WILL BE CHARGED TO MY ACCOUNT FOR EACH REQUEST RETURNED FOR INSUFFICIENT FUNDS. IN ADDITION, I UNDERSTAND BOTH THE FINANCIAL INSTITUTION AND THE CITY OF DOUGLAS RESERVE THE RIGHT TO TERMINATE THIS PAYMENT PLAN AND/OR MY PARTICIPATION THEREIN. SHOULD I CHOOSE TO WITHDRAW FROM THE PLAN, I WILL NOTIFY THE CITY OF DOUGLAS AT 520-417-7334.

Signature: _____ Date Signed: _____