CITY OF AVOCA UTILITY AUTOMATIC PAYMENT REQUEST

NAME:	TODAY'S DATE:
UTILITY ACCOUNT NUMBER:	
ADDRESS:	PHONE:
PLEASE COMPLETE THE FOLLOWIN	G INFORMATION:
BANK NAME:	
BANK LOCATION:	
BANK ACCOUNT #:	
BANK ROUTING #:	
TYPE OF ACCOUNT:	CHECKINGSAVINGS
EFFECTIVE DATE:	
Bills are processed and mailed on the last	day of the month.
Automatic payments will be presented to y following Monday, if the 15 th falls on a we	your bank on the 15 th day of each month or the eekend.
when presented the first time, the utility as and delinquent, as if the customer had no pordinary mail that the account is in default automatic bank debit. Utility services will notice. The notice shall also state the fees	I be disconnected as of the date specified in the that will be due for reconnection of service and ce, only payment in cash, certified check or
The City reserves the right to pursue all the to discontinue automatic payments at any	eir collection remedies available under law and time.
I hereby authorize the automatic payment	of my utility billing on the 15 th of each month.
Customer Signature	Date