



AUTHORIZATION TO PAY CITY OF MT. VERNON UTILITY BILLS

WATER CUSTOMER ACCOUNT # _____
(As listed on monthly bill)

YOUR NAME _____ PHONE # _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

NAME OF CUSTOMER'S BANK _____

ADDRESS OF BANK _____

CHECKING ACCOUNT # _____

BANK ROUTING # _____

I authorize you to deduct from my checking account the amount of my monthly water bill and to make that deduction payable to the City of Mount Vernon. I agree to all the terms below on this authorization.

I authorize the above named Bank to pay my monthly water bill and to deduct each payment from my checking account. I agree that each payment shall be the same as a check personally signed by me. I understand, however, that the Bank and the City of Mount Vernon each reserves the right to terminate this Automatic Bill Payment service at any time.

*****NOTE*** Draft becomes effective once your bill states "Paid by Draft." The bill amount will be drafted out of your account on the 6th of each month.**

SIGNATURE _____ DATE _____

City of Mount Vernon