

CITY OF EVERLY UTILITIES

AUTOMATIC PAYMENT AUTHORIZATION

BANK NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

BANK ID # _____

CHECKING ACCOUNT # _____

Or SAVINGS ACCOUNT # _____

You are hereby authorized to make an automatic monthly payment from the account shown above to the City of Everly for my utility payment.

NAME: _____

ADDRESS: _____

CITY OF EVERLY UTILITIES

AUTOMATIC PAYMENT AUTHORIZATION

BANK NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

BANK ID # _____

CHECKING ACCOUNT # _____

Or SAVINGS ACCOUNT # _____

You are hereby authorized to make an automatic monthly payment from the account shown above to the City of Everly for my utility payment.

NAME: _____

ADDRESS: _____