

Authorization Agreement for Utility Billing Direct Pay

Your Personal Information

Name:	
Telephone Number:	
Service Address:	
Account Number:	(As appears on your utility bill.)
Set-up New Agreement: Cancel Agreement:	
Your Bank Information	
Name of Your Bank: Your Bank's Transit Number: PLEASE ATTACH VOIDED CHECK. (NO deposit slips will be accepted)	
Your Account Number:	
Type of Account: Checking Savings	
(Amount to be deducted from your account on the second to the last working day of each month)	
Your Authorization	
account payment of my monthly utility to reserve the right to terminate this paym	ne financial institution designated in this application to withdraw from my bill. I understand that both the financial institution and Riverdale City nent plan and/or my participation therein. I also understand that at any ollment in this plan by providing written notice to Riverdale City.

Signature

Date

Mail or return this form along with your voided check to:

Riverdale City 4600 S. Weber River Drive Riverdale, Utah 84405