

## Auto-Pay Authorization Form

### CUSTOMER INFORMATION

### FINANCIAL INSTITUTION INFORMATION

Utility Account Number \_\_\_\_\_ Bank Name \_\_\_\_\_

Customer Name \_\_\_\_\_ Bank Address \_\_\_\_\_

Phone \_\_\_\_\_ Bank Account No. \_\_\_\_\_

Service Address \_\_\_\_\_ Type of Account \_\_\_\_\_  
\_\_\_\_\_ Checking \_\_\_\_ Savings \_\_\_\_

I would like to receive my statement via E-notification. \_\_\_\_ No \_\_\_\_ Yes

If Yes, My email is: \_\_\_\_\_

I authorize the City of Bozeman and the financial institution listed on this form to initiate electronic entry on the 15<sup>th</sup> of each month to my account listed below. I understand this authority will remain in effect until I notify the City of Bozeman I wish to cancel (at least three days prior to withdrawal date).

\_\_\_\_\_  
Signature of Account Holder(s)

\_\_\_\_\_  
Date

Attach Voided Check Here