



## Automatic Payment Authorization Form

Name on Utilities Account: \_\_\_\_\_

Service Address: \_\_\_\_\_

\_\_\_\_\_

Utilities Account Number: \_\_\_\_\_

I hereby authorize the City of New Hampton to deduct payment from my bank account listed below for my monthly utilities.

Bank: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Account Type:  Checking  Savings

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Utility Customer

\_\_\_\_\_  
Date

**\*\*Please attach a voided check.**