



City of Washington

PO Box 1988
102 E 2nd Street
Washington, NC 27889

Auto Payment Authorization Form

Customer Name: _____

Account Number: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please Complete the Following:

Bank Draft Automatic Monthly Payment:

Bank Name: _____ Bank Acct. #: _____

Location: _____ Routing #: _____

PLEASE ATTACH COPY OF VOIDED CHECK

I agree to preauthorize the City of Washington to deduct payment for my utility bill using the payment option I selected above. I understand that a monthly bill will be mailed to me and payment will be drafted from the above account each month. I will need to contact the City of Washington if any information changes or if I wish to discontinue the automatic payment. I hereby confirm by signing below that I am the authorized holder/owner of the above listed account and will receive a copy of my bill monthly.

Date: _____ Print Name: _____

Signature: _____

Please return to:

**City of Washington
ATTN: Customer Service
PO Box 1988
Washington, NC 27889**

CSR _____
DATE _____
VIA _____