

Utility Account # _____

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the City of Battle Ground, Washington to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(Name of Financial Institution) (Branch)

(City) (State) (Zip Code)

(Signature) (Date)

(Name – Please Print)

(Address – Please Print) (Phone #)

Direct Debit from: Checking _____

Please attach a copy of a voided check.

RETAIN THIS PORTION FOR YOUR RECORDS

On _____ I authorized:
(Date)

The City of Battle Ground
Finance Department
109 SW 1st Street Suite 217
Battle Ground, WA 98604
(360) 342-5002

To initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at anytime by writing to the address above.

Regular payment date will be on the 20th of each month.