



# CITY OF ROCKVILLE

229 Broadway Street East

P.O. Box 93

Rockville MN 56369

Phone 320-251-5836

Fax 320-240-9620

## UTILITY BILLING AUTOMATIC PAYMENT PLAN

### Authorization Form

Please enroll me in the City of Rockville's utility billing automatic payment program. I authorize the CITY OF ROCKVILLE to collect payment on my utility bill by initiating recurring debit entries (deductions) to the bank account shown below.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I notify the City of Rockville in writing.

**Print Name:** \_\_\_\_\_

**Address of Utility Service:** \_\_\_\_\_

**Utility Billing Account Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach a voided check (for checking account) or a deposit/withdrawal slip (for saving account).**

Checking

Savings

**Financial Institution (Please Print):** \_\_\_\_\_

**Financial Institution Routing Number:** \_\_\_\_\_

**Financial Institution Account Number:** \_\_\_\_\_