Automatic Utility Bill Payment Plan Authorization Form
City of Perryville – 215 N. West St., Perryville, MO 63775

_____ _____

Your name as it appears on the bill Daytime phone number

_____

Service Address: City State Zip

_____

Your account number (shown on bill)

I (we) hereby authorize the City of Perryville to initiate debit entries at the financial institution named below and to debit the same to my (our): Checking Account or Savings Account (select one). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____

Financial institution you wish to pay your monthly bill Your financial institution account number

_____

Financial institution address: City State Zip

I (we) hereby authorize the financial institution named above to pay my monthly City of Perryville utility bill by charging each payment to the account specified by me. I (we) agree that each payment shall be the same as if it were a check or withdrawal signed and authorized by me. **This authority is to remain in effect until the City has received a written notification from me (either of us) of termination. (Not less than 6 days before the payment date.)** I (we) understand that both the City of Perryville and the financial institution named reserve the right to terminate this payment plan or my participation therein.

Signed: _____ Witness: _____

Signed: _____ Date: _____

Attach voided check or savings account slip here