

ACH AUTHORIZATION

Name_____

Address_____

Utility Billing Account Number_____

Email_____

Banking Institution_____

Routing Number_____

Account Number_____

Checking_____ Savings_____

Personal Account_____ Business Account_____

I agree to allow the City of Sac City to automatically withdraw my utility bill from my account as stated above.

Signed_____

City Representative_____

(Attach a voided check)