

CITY OF EVERLY UTILITIES

AUTOMATIC PAYMENT AUTHORIZATION

*Please include a blank check.

BANK NAME: _____

ADDRESS: _____ CITY/STATE/ZIP _____

BANK ID # _____

CHECKING ACCT # _____ or SAVINGS ACCT# _____

You are hereby authorized to make an automatic monthly payment from the account shown above to the City of Everly for my utility payment.

NAME: _____

ADDRESS: _____ Util. Acct#: _____

Signature: _____

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