



FOR UTILITY OFFICE USE ONLY	
Date Received:	_____
Update Ut Star:	_____
Update ACH:	_____

Utility Billing
Request for Automatic Bank Payment Option

Date _____

Customer Name _____ Account # _____

Address _____ City _____ State _____ Zip Code _____

Bank Name _____

Bank Routing Number _____ Checking _____

Bank Account Number _____ Savings _____

By signing below, I authorize the City of Augusta to debit the account number listed above for my utility billing. This authorization will continue to be in place until I have signed this form to cancel the authorization. I further understand that it is my responsibility to notify the City of Augusta if any of the banking information listed above has changed.

Signature _____ Date _____

(City bills will continue to be mailed, unless the Utility Office is notified otherwise by customer.)

I _____ revoke authorization for the City of Augusta to debit the account number listed above for my utility billing.

Signature _____ Date _____