OFFICIAL USE ONLY
ENTERED IN SYSTEM _____ BY_____
EFFECTIVE DATE_____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH PAYMENTS) FOR UTILITY PAYMENTS

1000 LAUREL ST. MILTON, WA 98354 PHONE: 253-922-8733 FAX: 253-922-2385

Name: _____ Date: _____

Address: _____ Utility Acct. #: _____
Street /P.O. BOX

_____ _____ _____
City State Zip

I (we) hereby authorize the City of Milton Utility Dept, herein after called COMPANY, to initiate DEBIT entries and/or correction entries to our:

☐ Checking account ☐ Savings account

On the **6th** day every month for the entire balance due on my utility account.
at the depository named below, herein after called DEPOSITORY, to credit the same to such account. **Please attach a VOIDED CHECKING OR SAVINGS DEPOSIT slip.**

_____ _____
Depository Name Branch

_____ _____
City State

_____ _____
Bank Transit/ABA number Account Number

This authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it. (at least 30 days)

_____ _____ _____
Signature (s) Date Phone #

This program will take effect after the next billing date. Please continue to pay your bill accordingly until that time.