



# CITY OF FLAT ROCK

## Utility Billing Auto-Withdraw Authorization Form

### ACCOUNT INFORMATION

Name: \_\_\_\_\_

Account: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The Quarterly utility billing amount may change. A bill will be sent to you each quarter stating the amount that will be withdrawn on the due date of the bill.

### BANK INFORMATION

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking or Savings: \_\_\_\_\_

**Please include a void check or deposit slip in order to verify Bank Information**

I hereby authorize the City of Flat Rock Treasurer's Department to initiate variable entries to my (our) account as described above. **This authorization is to remain in full force until the City of Flat Rock has received written notification from me of its termination in such time and in such manner as to afford the City of Flat Rock and depository a reasonable opportunity to act on it.**

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Today's Date