



UTILITY BILLING

UTILITY BILL AUTOMATIC PAYMENT REQUEST FORM

DAY OF THE MONTH TO BE PROCESSED: (CIRCLE ONE)

1ST

10TH

ACCOUNT INFORMATION

Name: _____

Address: _____

Account Number: _____

Phone Number: _____

BANKING INFORMATION

Banking Institute: _____

Checking Account Number: _____

Routing Number: _____

AUTHORIZATION

By signing below, I authorize the City of Eudora to debit my bank account on the date circled above for my City of Eudora utility bill.

Account Holder Signature: _____

Date: _____

Please complete and return to Eudora City Office at 4 E. 7th St.

*****Processing may take two bill cycles for automatic debits to begin on your account. Please call (785) 542-2153, option 3, if you have any questions.***

For office use only

Added to Acct by

First Draft Date

Effective Date