



CITY OF PARK HILLS

11 Bennett St. • P.O. Box 127 • Park Hills, MO 63601

Phone: (573) 431-2280 Fax: (573) 431-2170

AUTHORIZATION FOR PRE-AUTHORIZED PAYMENT For the City Utility Bill

I authorize the **City of Park Hills** to debit my account monthly for the purpose of paying my City Utility Bill.

***PLEASE ATTACH A COPY OF A VOIDED CHECK ***

SERVICE INFORMATION:

Name that appears on Utility Bill: _____

Utility Account # _____

Phone: () _____

Service Address: _____

Email Address: _____

BANK INFORMATION:

Financial Institution: _____

City, State & Zip: _____

Phone: () _____

Name on Account: _____

Routing # (1st nine numbers located bottom left corner of your check) _____

Account #: _____

I understand the city utility bill will be deducted from my account on or about the 5th of each month. This authorization will remain in full force until I terminate this agreement by signing an authorization to cancel 10 days prior to due date.

Signature

Printed Name

Date

INTERNAL USE ONLY

DATE RECEIVED: ____/____/____

PROCESSED BY: _____