

ACH DEBIT AUTHORIZATION

Customer Information

Name on Utility Acct: _____

Address: _____

Utility Acct # _____ Phone # _____

Bank Information

Name on Bank Acct: _____

Bank Name: _____

Bank Location: _____

Bank Phone # _____

Account Type: Checking Savings

Bank Acct # _____ Routing # _____

I hereby authorize City of Chandler to debit my account at the above listed bank once every month, beginning on _____, for the purpose of paying my city utility bill. **I have provided the City of Chandler with a voided check or deposit slip.** I understand that this authorization is valid until I contact the City of Chandler and void this authorization.

Accountholder Signature

Date