CITY OF YALE

ACH UTILITY DEBIT AUTHORIZATION

<u>Customer Information</u>		
Name on Utility Account:		Utility Account #:
Service Address:		Phone #:
Bank Information		
Accountholder Name:		Bank Name:
Bank Address:		Bank Phone #:
Bank Account Information		
☐ Checking ☐ Savings		
Routing #:	Account #	<i>#</i> :
authorizatio	ion will only be applied to the utility and is valid until I provide written term:	account listed above. I understand that this ination to the City of Yale. Date
Bank Accountholder Signature	(if different from above)	Date
	ATTACH DED CHECK (CHECKING OR EPOSIT SLIP (SAVINGS A	ACCOUNT)
	Office Use Only	
Bank#: Utili	ty Account #:	Date Entered: