City of Bennet

Utility Customer Bank Withdrawal Authorization

(Please print the following information)

Name(s)			
Address			
P.O. Box #	City	State	Zip
Home Phone ()	\	Work or Cell ()	
Email Address:			
ny monthly utility bill for a understand I was a un	rom the CITY OF BENI will continue to recei bunt of debit and spe nth or the first busing t the BENNET CITY OF will remain in effect u ation of utility service payment plan at any t	NET. ve a monthly invoice of cifying the charges. These day thereafter. I as FICE concerning any countil revoked by me in e. I understand the CIT cime, or my participation.	g account for the payment of on or about the 1 st of each his amount will be debited on agree it will remain my disputed charges by the 10 th writing or until I sign a TY OF BENNET reserves the on therein if my account is
			
Signature			Date
For proper routing a	nd account informe	ation, please attach	voided <u>cireck</u> here.
	(OFFICE USE ONLY	
□ Enter Bank □ Check QB R	Information on QB	•	erms = ACH/Auto Draft
Litility Accoun	n+#	Start Date	