

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: _____

I hereby authorize the City of Bennet to debit my checking account for the payment of my monthly utility bill from the CITY OF BENNET.

I understand I will continue to receive a monthly invoice on or about the 1st of each month showing the amount of debit and specifying the charges. This amount will be debited on the 15th day of each month or the first business day thereafter. I agree it will remain my responsibility to contact the BENNET CITY OFFICE concerning any disputed charges by the 10th day of the month.

This authority will remain in effect until revoked by me in writing or until I sign a request for a discontinuation of utility service. I understand the CITY OF BENNET reserves the right to terminate this payment plan at any time, or my participation therein if my account is non-sufficient for any payment being charged.

Signature (I agree that my electronic signature is the legal equivalent of my manual/
handwritten signature on this document)

Date

For proper routing and account information, please attach voided **check or banking verification of the account information** here:

-----OFFICE USE ONLY-----

- ☐ Change customer profile to ACH on QB, Payment Terms = ACH/Auto Draft
- ☐ Enter Bank Information on QB
- ☐ Check QB Report
- ☐ Check CB-UM Nacha file

Utility Account# _____ Start Date _____