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:			
my monthly utility bill for a understand I understand I month showing the amound the 15 th day of each more sponsibility to contact day of the month. This authority request for a discontinuous	rom the CITY OF BENI will continue to recei- ount of debit and spe nth or the first busing t the BENNET CITY OF will remain in effect u pation of utility service payment plan at any t	NET. ve a monthly invoice or cifying the charges. This ess day thereafter. I ago FICE concerning any district revoked by me in versioner. I understand the CITY in the circular participation.	sputed charges by the 10 th
Signature			 Date
For proper routing a or banking verificat		• •	oided <u>check, statement</u>
	(OFFICE USE ONLY	
□ Enter Bank □ Check QB R	Information on QB	•	erms = ACH/Auto Draft
Litility Accoun	n+#	Start Date	