Automatic Utility Payment Authorization Form
Water • Sewer • Trash Service

Customer Information
Account Holder Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone Number: _____   Email Address:

_____   _____

Utility Account Number(s): _____

Automatic Payment Authorization
I hereby authorize the City of Valley Falls to initiate automatic withdrawals for my monthly utility bill (water, sewer, and trash services) from the financial account listed below.
I understand:

- Payments will be processed on or around the due date each month.
- The amount withdrawn will reflect the total balance due on my monthly utility bill.
- It is my responsibility to ensure sufficient funds are available.
- This authorization will remain in effect until I provide written notice to cancel.
- Returned payments may be subject to fees in accordance with City policy.

Payment Method (Select One)
☐ Checking Account (ACH Debit)

☐ Savings Account (ACH Debit)

Name on Bank Account: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

(Please attach a voided check if enrolling with a checking account.)

Authorization Signature
I certify that I am an authorized signer on the account listed above and authorize the City of Valley Falls to debit my account for utility payments as described.

Signature: _____

Printed Name: _____

Date: _____

For Office Use Only
Date Received: _____   Notes:

Entered By: _____

Effective Billing Cycle: _____