

ACH BANK AUTHORIZATION FORM

DATE _____

NAME _____

CITY ACCT # _____

NAME OF BANK _____

BANK ADDRESS _____

BANK ROUTING # _____

BANK ACCOUNT # _____

You are hereby authorized until such time as I may cancel this arrangement to debit my bank account and credit the account of the City of St. Paul, the amount of my utility bill. The transaction of this amount shall be acknowledged on my bank statement. **Please attach a voided check.**

SIGNATURE _____
