



**City of Washington**

PO Box 1988  
102 E 2<sup>nd</sup> Street  
Washington, NC 27889

**Auto Payment Authorization Form**

Customer Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please Complete One of the Following:**

**Bank Draft Automatic Monthly Payment:**

Bank Name: \_\_\_\_\_ Bank Acct. #: \_\_\_\_\_

Location: \_\_\_\_\_ Routing #: \_\_\_\_\_

**PLEASE ATTACH COPY OF VOIDED CHECK**

*I agree to preauthorize the City of Washington to deduct payment for my utility bill using the payment option I selected above. I understand that a monthly bill will be mailed to me and payment will be drafted from the above account each month. I will need to contact the City of Washington if any information changes or if I wish to discontinue the automatic payment. I hereby confirm by signing below that I am the authorized holder/owner of the above listed account and will receive a copy of my bill monthly.*

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

Date: \_\_\_\_\_ SS #: \_\_\_\_\_ NC DL#: \_\_\_\_\_

***Please return to:***

**City of Washington  
ATTN: Customer Service  
PO Box 1988  
Washington, NC 27889**