APPLICATION FOR "AUTO PAY"

Please print legibly:		
Carson City Utilities Accou	ınt No:	
Utility Service Address:	and the second of the second o	
		and and the second sec
Your Name, (as shown on b	oank account):	
Daytime Telephone Numbe	er:	
E-Mail address:		
Please check one:		to the temperature of the second
Checking Account: If Savings Account: If	fusing checking, attach a profusing savings, attach a profusing	voided check for this account. re-printed deposit slip for this account
decision to withdraw from the required for a new service acterminated by either my final of If I authorize deduction	his plan or to change bank ddress. I am aware that journed institution or Carson ion of funds from either a continuous fr	closed account or from one with
insufficient funds, Carson C the cancellation of my AUTO	ity Utilities will bill me a S O PAY service.	\$25 Administrative Fee and will cause
I have read this information institution to process payment	mation and authorize Cars nts of my monthly water/se	on City Utilities and my financial ewer bill.
Signature:		Date:
payment through the automa	tic payment plan. Continu	ar on your bill identifying your ne to make your payments as usual until ling this option, please let us know at
***********	** FOR OFFICIAL USE	ONLY ***********
BANK NAME:	Routing #	ACCT#
Date Initiated:	By:	
Date Terminated:	By:	Reason: