

**City of Forsyth**  
**Utility Bill Automatic Payment Authorization Form**

I hereby authorize the City of Forsyth, Missouri, to initiate debit entries to my account in the financial institution named below on the 20<sup>th</sup> day of each month or, if the 20<sup>th</sup> falls on a weekend or holiday, the next banking day. I further authorize the financial institution to debit such entries to my account.

I understand that this agreement may be terminated, by written notice, by either party at any time prior to the 10<sup>th</sup> day of the billing month. Notification of the termination will be effective upon receipt.

I understand that it is my responsibility to notify the City of Forsyth of changes to my banking information. Returned bank drafts will be treated as a returned check and shall be subject to the \$10 returned check fee.

The deadline to enroll in the auto pay program is the 10<sup>th</sup> of every month.

**Customer Information**

\_\_\_\_\_  
Depositor's Name (please type or print clearly)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Depositor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Depositor's Signature (if two signatures are required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Location

\_\_\_\_\_  
Billing Account Number

**Banking Information**

\_\_\_\_\_  
Bank Routing Number

\_\_\_\_\_  
Bank Account Number

Checking \_\_\_\_\_  
Savings \_\_\_\_\_

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Bank Phone Number

ATTACH VOIDED CHECK (for checking account) OR DEPOSIT SLIP (for savings account)