

CITY OF COLBY

**SIGN UP FOR AUTOMATIC WITHDRAWAL OF PAYMENT FOR
WATER/SEWER/GARBAGE BILLING**

Name on Utility Account _____

Account # for Utility Account 000- - _____

Type of Bank Account _____
Checking or Savings

Name of Bank _____

I authorize the City of Colby to automatically withdraw my monthly water/sewer/garbage bill from my bank accounts listed above. I also understand that I will continue to receive a bill from the City at least 15 days prior to the date the funds will be withdrawn from my account.

This authorization shall remain in full force and effect until the City of Colby has received notification from me/us of its termination

Name (print)

Signature

Date

Please attach a voided check from the bank account you want the funds withdrawn from