



Authorization Form for Automatic Payment Plan

Date: _____

Utility account number: _____ Customer number: _____

Name: _____ Property address: _____

For **new** service, include a voided check (for checking withdrawals) or a deposit slip (for savings account withdrawals)

_____/_____/_____
Bank Name Routing Number Bank Account Number

To **change** bank accounts, remove my old checking account information:

_____/_____/_____
Bank Name Routing Number Bank Account Number

And **replace** it with the new bank information: (Include a voided check or savings deposit slip)

_____/_____/_____
Bank Name Routing Number Bank Account Number

By signing below I am authorizing the City of New Hope Finance Department to automatically withdraw my utility payment from my bank account.

I/we understand that this authorization will continue in force unless discontinued by my/our written request or closed account status by the bank.

Signature: _____

Note: You must first receive a current bill for the Automatic Payment plan to become effective. The bill will have the wording “**AUTOMATIC PAYMENT – DO NOT PAY**” at the top tear off section. The due date and the withdrawal date will always be the first business day after the 15th. You will receive a **\$1 discount** each month for paying electronically.

Call the City Utility Billing Department at 763-531-5132 if you have questions about your bill.

CITY OF NEW HOPE