



**CITY OF SUNSET VALLEY
AUTHORIZATION AGREEMENT
FOR AUTOPAY**

Individual/Company Name

Utility Billing Account Number

I authorize the City of Sunset Valley to draft the following account for amounts owed. I understand the debit will be made no later than the 5th day of the month of each monthly bill for the balance amount shown on such bill.

Depository Name (Financial Institution)

Routing Number

Account Number

Check one:

Checking Savings

This authorization will remain in effect until written notification has been provided with different instructions.

Authorized Signature: _____

Name: _____

E-Mail: _____

Telephone Number: _____

Date: _____