



**City of Buchanan – Direct Payment Authorization Form**

Utility Billing Account # |||

**1. Please print your customer information:**

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**2. Provide your signature for authorization:**

I authorize the City of Buchanan, or its agents, and the financial institution listed below to deduct my payments from the checking or savings account provided for each billing period. This authority will remain in effect until I have cancelled it in writing.

<b><i>This form cannot be processed without your signature.</i></b>	
Signature: _____	Date: _____

**3. Provide the required financial information below:**

Name of Financial Institution: \_\_\_\_\_

Checking

Savings

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

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