



CITY OF MONTROSE

Utility Billing Department

Authorization for Automatic Utility Bill Payment to be paid from your checking or savings account with no cost to you.

I (we) authorize the City of Montrose to initiate variable entries to my (our) account described below:

Checking Account # _____ Savings Account # _____

Routing# _____

Financial Institution's Name _____

Financial Institution's Address _____

Please attach the appropriate backup documentation (voided check or savings deposit slip)

This authority is to remain in full force and effect until the City of Montrose has received written notification from me (or either one of us) of its termination in such time and manner as to afford the City of Montrose a reasonable opportunity to act on it.

Signature _____

(Optional – for joint account)

Full Name _____

Signature _____

Address _____

Full Name _____

Date _____

Date _____

Telephone No. _____

City of Montrose Utility Bill Account No. _____

*Please note your first automatic payment may take 60 days before it is implemented. During this time period you will be responsible to pay your utility bill by cash or check.