

Bill Payment Authorization Agreement

This is your record. Please keep it for reference.

I have authorized the City of Columbia to begin deductions from my account with the financial institution named below for payment of my utility bill.

On _____
(Date)

I authorized _____
(Name of Bank, Savings and Loan or Credit Union)

to pay and charge my account the amount of any Automatic Bill Payment service drawn on my account and payable to the order of City of Columbia. If I choose to cancel Automatic Bill Payment, I will call the City of Columbia at 874-7380.