Automatic Bill Payment Authorization Form

Just fill out this authorization agreement and mail it along with a check marked "VOID."

I authorize the financial institution named to charge my:

_____Checking or Share Drafts Account _____Savings Account

Remit payment for my monthly utility bills to the City of Columbia.

_____

Authorized Signature Date

_____

Name on Utility Account (Print Last Name First)

_____

Address of Utility Account (Please Print) Zip

Please attach voided check on the left side of this form.

Please fill in the necessary information to ensure your account will be credited properly.

_____

Financial Institution Name (Please Print)

_____

City State Zip

_____

Name of Bank Account Holder (Print Last Name First)

_____

Bank Account Number

(Be sure to attach a voided check to the left side and) Mail this form to:
City of Columbia,
Automatic Bill Payment
P.O. Box 1676
Columbia, MO 65205

Line below is for Finance Department use only:

Utility Account Number_____