



City of Collinsville
Authorization for Automated Bill Payment Plan

Return this form to: City of Collinsville, Attn: Utility Billing Department, P. O. Box 730, Collinsville, Oklahoma 74021
For additional information call: 918-371-1010

PRINT INDIVIDUAL NAME (as it appears on your utility bill)

PRINT UTILITY ACCT NUMBER

SERVICE ADDRESS HOME PHONE NUMBER

FINANCIAL INSTITUTION NAME BRANCH

ADDRESS CITY/STATE ZIP

BANK ROUTING NUMBER BANK ACCOUNT NUMBER CHECKING SAVINGS

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS APPLICATION TO ENSURE ACCURATE PROCESSING

I (WE) HEREBY AUTHORIZE THE CITY OF COLLINSVILLE TO DEBIT ENTRIES TO MY (OUR) BANK ACCOUNT INDICATED ON THIS FORM AND THE FINANCIAL INSTITUTION NAMED HEREIN TO DEBIT THE SAME TO SUCH. THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE CITY OF COLLINSVILLE HAS RECEIVED WRITTEN NOTIFICATION IN SUCH TIME AND MANNER AS TO AFFORD THE CITY OF COLLINSVILLE AND FINANCIAL INSTITUTION A REASONABLE OPPORTUNITY TO ACT ON IT.

CUSTOMER SIGNATURE DATE

*****FOR OFFICE USE ONLY*****

New Request input in System on ___/___/___ Initials: _____

Cancellation request received on ___/___/___ Initials: _____

Cancellation processed on ___/___/___ Initials: _____

Removed from draft due to two returned drafts on ___/___/___ Initials: _____
Eligible for draft on ___/___/___

Please cancel my auto draft on my utility account. _____
CUSTOMER SIGNATURE DATE

TWO RETURNED DRAFTS WILL RESULT IN AUTO DRAFT CANCELLATION AND CASH ONLY CUSTOMER FOR ONE YEAR