

Automatic Bank Draft Authorization

Complete and return this form to City of Independence Utilities Customer Service at 11610 E. Truman Road, Independence, MO 64050. For account verification, **please enclose a voided check or photocopy of check** on the bank or other financial institution account from which you would like future utility bill payments to be deducted. Please do not send a deposit slip.

Please indicate below your City Utilities account number (as shown on your bill) and the street address where utilities are used.

Utility Account Number

Street Address

I authorize my bank to deduct monthly City Utilities bill payments from my check or savings account. I understand that I am in full control of my payment. If at any time I decide to discontinue or change my Automatic Bank Draft, I will notify City of Independence Utilities.

Phone Numbers: _____ **(Home)**

_____ **(Work)**

Date: _____

Checking or savings account owner's signature

Keep For Your Records

Reminder: On **(Date)** _____, I agreed to the terms and authorized **(Bank)** _____ to automatically pay my City Utilities bill, and to charge my account accordingly.