

Bank Drafting Authorization Agreement - City of Palo Alto Utilities

	<i>Please attach this form to a "voided" original blank check from the financial account to be debited.</i>
Customer name on utility account (Please print)	
Utility service address	
Utility account number	Mail to: City of Palo Alto Utilities Customer Service Center P.O. Box 10250 Palo Alto, CA 94303
Your name as shown on financial institution records (Please print)	<i>I authorize the City of Palo Alto Utilities to DRAFT the referenced account to pay my utility bill on a monthly basis.</i>
()	
Daytime telephone number	
X	Please debit my: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Customer signature	Date submitted