



AUTHORIZATION FOR AUTOMATIC BILL PAYMENT

PLEASE INCLUDE A VOIDED CHECK AND RETURN TO:

CITY OF ST PETERS
ATTN: UTILITY BILLING
P O BOX 9
SAINT PETERS, MO 63376

I authorize the City of St. Peters and the financial institution named below to deduct the amount of my bi-monthly water/sewer/trash bill from the account identified below. I understand my automatic payment will be deducted on the due date of each bill for the amount of all charges due. I have the right to stop the deduction by notification to the City of St. Peters, Utility Billing Department at least five (5) business days before the due date of my bill. My authorization and the automatic payment service will remain in full force and effect until revoked by me, my financial institution or the City of St. Peters. I also understand that if my automatic payment is returned to the City of St. Peters by my financial institution for any reason that I will be assessed a \$25.00 service charge.

NAME _____
(As shown on bill.)

UTILITY ACCOUNT NUMBER _____
(As shown on bill.)

SERVICE ADDRESS _____

DAYTIME CONTACT NUMBER: _____

NAME OF FINANCIAL INSTITUTION: _____

BANK ROUTING TRANSIT NUMBER/ABA#: _____

NAME ON BANK ACCOUNT _____

BANK ACCOUNT NUMBER TO BE CHARGED: _____

CHECKING _____ **SAVINGS** _____

SIGNATURE REQUIRED: _____ **DATE:** _____
(Authorized signer on bank account.)