



**CITY OF SUNSET VALLEY  
AUTHORIZATION AGREEMENT  
FOR AUTOPAY**

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\_\_\_\_\_  
Individual/Company Name

\_\_\_\_\_  
Utility Billing Account Number

I authorize the City of Sunset Valley to draft the following account for amounts owed. I understand the debit will be made no later than the 5<sup>th</sup> day of the month of each monthly bill for the balance amount shown on such bill.

\_\_\_\_\_  
Depository Name (Financial Institution)

\_\_\_\_\_  
Routing Number

\_\_\_\_\_  
Account Number

Check one:

- Checking       Savings

This authorization will remain in effect until written notification has been provided with different instructions.

Authorized Signature: \_\_\_\_\_

Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

EMAIL: UTILITIES@SUNSETVALLEY.GOV