

**CITY OF GLIDDEN
AUTO PAY/E-BILLING**

Name (as it appears on utility bill)

Address

City

State

Zip

Phone Number

Customer Account Number (on bill)

Financial Institution

Address

Bank route number

Customer bank account number

Email address

AUTOMATICALLY WITHDRAWN EACH MONTH ON THE 20TH!

I hereby request and authorize the above Financial Institution to pay my monthly City of Glidden utility bill by charging each payment to the account specified by me. I agree that each payment shall be the same as if it were a check or withdrawal personally signed and authorized by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge after I have received my utility bill from City of Glidden. I understand that both City of Glidden and the above Financial Institution reserve the right to terminate this payment plan or my participation therein.

I have read and agreed to the terms of the payment plan described above.

Signature: _____

Date: _____

Please attach below a deposit ticket found in back of your checkbook.