

## Autopay Authorization Agreement

I authorize Springville City to begin deductions from my account with the financial institution named for payment on my city utility bill.

This authorization will remain in effect until revoked by me in writing. I understand that I have the right to stop automatic payment of my city utility bill upon timely written notice to Springville City prior to the time my account is charged. I understand that Springville City and/or the financial institution indicated reserve the right to end this payment plan and my participation therein.

Name of your Bank or Credit Union (please print)

\_\_\_\_\_

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

Checking account number: \_\_\_\_\_

Savings number: \_\_\_\_\_

I authorize \_\_\_\_\_ (name of bank or credit union) to pay and charge my account the amount of any Automatic Bill Payment drawn on my account and payable to the order of Springville City. I sign as follow:

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

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

Your utility account number  
(as shown on your bill) \_\_\_\_\_

Please attach a Voided Deposit Slip.

Return to:  
Springville City  
Attention: Auto Pay  
50 South Main Street  
Springville, UT 84663