

# CITY OF TABOR UTILITIES

## DIRECT PAYMENT

I authorize City of Tabor to initiate electronic debit entries to my  
Checking Account (or) Savings Account for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Customer Name \_\_\_\_\_ Service address: \_\_\_\_\_  
Service address: \_\_\_\_\_  
Service address: \_\_\_\_\_

Financial Institution (Please Print) \_\_\_\_\_  
Financial Institution Routing Number \_\_\_\_\_  
Financial Institution Account Number \_\_\_\_\_  
Financial Institution City and State \_\_\_\_\_

This authority will remain in effect until I have cancelled it in writing.

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