Office use only:
Date Received: _____
Effective Start Date: _____
Date Removed: _____

Customer Service: (509) 682-4037

# SAVE TIME AND POSTAGE

Sign up now for the City of Chelan Utility Direct Payment Program.

Simply fill out this form authorizing your bank or financial institution to have your City of Chelan utility bill deducted automatically from your checking or savings account. Please mail with your voided check to: **City of Chelan PO Box 1669 Chelan, WA 98816**

## Authorization for Direct Payment Program

_____ _____

Applicant's Name (please print) Co-Applicant's Name (please print)

Utility Account #(s)_____ Daytime Phone # _____

Service Address _____

Mailing Address (if different from above) _____

_____ ☐☐☐☐☐☐☐☐☐

Financial Institution ABA/Bank Routing # (9 digits)

_____ _____

Checking Account # Savings Account #

**PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT VERIFICATION**

I (we) hereby authorize the City of Chelan to automatically withdraw the total amount due on my (our) utility billing statement from my (our) checking or savings account. I (we) authorize the financial institution named above to accept such transactions initiated by the City of Chelan. The withdrawals shall be made from my (our) checking/savings account on the due date stated on the utility statement. This authorization will remain in effect until I (we) have notified, in writing to the City of Chelan, that I (we) no longer wish to participate.

_____

Applicant's Signature Co-Applicant's Signature Date