



City of Brisbane
50 Park Place
Brisbane, CA 94005

Automatic Bill Payment Agreement

- Please complete and sign this form
- The name on the checking account must be the same name that is on the water account
- Attach voided check
- Return form to the Finance Department

CHECKING ACCOUNT INFORMATION:

Bank routing number: _____
(It is the first nine digits printed on the bottom of your check)

Bank account number: _____
(please confirm with your financial institution)

Financial Institution Name: _____

Financial Institution City & State Location: _____

ATTACH VOIDED CHECK HERE:

I HEREBY AUTHORIZE MY UTILITY SERVICE PROVIDER, CITY OF BRISBANE, TO INITIATE DEBITS (OR CORRECTING ENTRIES TO PREVIOUS DEBITS) FROM MY CHECKING ACCOUNT. I UNDERSTAND MY ACCOUNT WILL BE DEBITED BETWEEN THE 20TH AND THE 25TH OF EACH MONTH AFTER I RECEIVE MY UTILITY BILL.

THIS AUTHORITY IS TO REMAIN IN FORCE UNTIL I REVOKE IT BY GIVING WRITTEN NOTICE TO THE CITY OF BRISBANE OR UPON TERMINATION OF MY WATER ACCOUNT.

SIGNATURE: _____

DATE: _____

PRINT NAME: _____

TITLE (If business account): _____

WATER ACCOUNT INFORMATION:

NAME OF WATER ACCOUNT: _____

SERVICE ADDRESS: _____

WATER/SEWER ACCOUNT #: _____ **DAYTIME PHONE #:** _____

CONTACT EMAIL ADDRESS: _____