

APPLICATION FOR AUTOMATIC BANK WITHDRAWAL

NAME: _____

ADDRESS: _____

BANK NAME: _____

Bank Account #: _____

Bank Routing #: _____

I, the above named applicant, hereby authorize the City of Goodland, to submit my monthly utility billing to the named establishments for automatic withdrawal and understand that at any time I may cancel this agreement upon notification to the City of Goodland.

Signed _____

Date _____

Utility Account # _____

Please attach copy of a voided check or deposit slip to form.