



City of Holts Summit
213 S. Summit Drive; PO Box 429
Holts Summit, MO 65043
(573) 896-5600
(573) 896-4115 Fax

AUTOPAY AUTHORIZATION FORM

Check One:

- ☐ New enrollment - Complete, sign, and return this form with a **voided check**.
☐ Cancel enrollment - Complete, sign and return this form.

SECTION A – APPLICATION INFORMATION

Sewer Account Number

Last Name (as it appears on account)

First Name

Middle

If joint account, list other names

Current Street Address

City/State

Zip

Phone Number

SECTION B – BANK ACCOUNT INFORMATION

Bank Name

Routing Number

Account Number

Check One: ☐ Checking Account ☐ Savings Account

I hereby authorize and request City of Holts Summit (the company) and financial institution listed above to debit the indicated bank account in the amount of the monthly SEWER statement on the 15th day of each month. I understand that I may terminate this agreement by giving notice to the company. I may do this at any time in writing but must allow a reasonable amount of time after receipt for the company to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

Applicants Signature

Date

FOR CITY USE ONLY

UBMax Entry

By: _____

Date: _____