

AUTO-PAY Change Form
Direct Debit Account Processing



Add **Update** **Delete**

Customer Name _____ Utility Account # _____

Service Address _____ Local Phone # _____

Bank Name _____ Checking Account # _____

Payment posting date (Circle preferred payment date): 10th 25th

Authorization:

By signing below, I authorize the City of West Richland and the financial institution named below to initiate entries to my checking account for the purpose of paying my regular monthly utility bill. This authority will remain in effect until I notify the City of West Richland in writing to cancel it in such time as to afford the City and the financial institution a reasonable opportunity to act on it.

I have read and understand the terms of this agreement as stated in the above sections.

Signature _____ Date _____

(Applications without signature will not be processed.)

Voided Check Must Be Attached Here

Send Completed form with voided check to:
City of West Richland, 3801 W. Van Giesen, West Richland, WA 99353