



# INDEPENDENCE

★ UTILITIES ★

## Automatic Bank Draft Authorization

Complete and return this form to the City of Independence Utilities Customer Service at 17221 E 23<sup>rd</sup> St. S. Independence, MO 64057. For account verification, **please enclose a voided check or photocopy of check** of the bank or other financial institution account from which you would like the future utility bill payments to be deducted. *Please do not send a deposit slip.*

Name on Account \_\_\_\_\_

Customer-Account Number \_\_\_\_\_

Service Address \_\_\_\_\_

I authorize my bank to deduct monthly City Utilities bill payments from my checking or savings account. I understand that I am in full control of my payment. If at any time I decide to discontinue or change my automatic bank draft, I will notify the City of Independence Utilities.

Date: \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Checking or savings account owner's signature

For office use only

Added by \_\_\_\_\_ Date \_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_