



NEW HAMPTON
MUNICIPAL UTILITIES

AUTOMATIC PAYMENT AUTHORIZATION FORM.

Name on Utilities Account: _____

Service Address: _____

Utilities Account Number: _____

I hereby authorize the City of New Hampton to deduct payment from my bank account listed below for my monthly utilities.

Name on Bank Account: _____

Bank: _____

Account Type: Checking Savings

Bank Routing Number: _____

Bank Account Number: _____

Signature of Utility Customer _____

Date _____

***Please attach a voided check.*