

Authorization For Automated Bill Payment

Return this form to: City of Midwest City **ATTN: Customer Service, 100 N. Midwest Blvd MWC, OK 73110**
For additional Information call (405)739-1252 or 739-1254 Fax 405-869-8613

NAME:

(As it appears on your bill -- PLEASE PRINT)

SERVICE ADDRESS:

CITY: STATE: ZIP: PHONE:

CUSTOMER ACCOUNT NUMBER:

FINANCIAL INSTITUTION:

CITY: STATE: ZIP:

CHECKING ACCOUNT OR
SAVINGS ACCOUNT? (Circle One) BANK ACCOUNT NUMBER:

IMPORTANT: Please return with this form a voided check to ensure accurate processing.
Deposit slips will not be accepted in lieu of a voided check.

I authorize you to charge my checking/savings account monthly in the amount of monthly bill and to make that deduction payable to CITY OF MIDWEST CITY. In making this authorization, I agree to all the Terms and Conditions of authorization.

Your Signature

Date