# THE CITY OF MIDWEST CITY

## CUSTOMER SERVICE

***100 N. MIDWEST BLVD * MIDWEST CITY, OKLAHOMA 73110***

(405) 739-1252 or 739-1254 * FAX (405) 869-8613

## Change Automatic Payment

Date: _____

Customer Water Account Number: _____

Customer Name:_____

Service Address: _____

City: _____State:_____ Zip: _____ Phone:_____

**Stop Automatic Payment from:**

Current Financial Institution:_____

Account Number:_____ Routing Number: _____

**Please stop making withdrawals from the above account and instead make them from:**

New Financial Institution:_____

Account Number:_____ Routing Number: _____

☐ Checking ☐ Savings

**IMPORTANT:** PLEASE INCLUDE A **VOIDED CHECK** WITH THIS FORM 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.

_____

Signature Date