Utilities Form

BANK DRAFT

CITY OF OZARK
Utility Billing

Set up Auto-Payment attached to your bank account

Customer Information

Full Name:

Cell Phone Number:

Account Number:

Date:

Email Address:

Financial Institution Information

Bank Name:

Bank Routing | Transit No. :

Name on the Account:

Account Type:

☐ Checking

☐ Savings

Account Number:

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for AHC transactions, and that I am authorized to provide this information.

I authorize the City of Ozark to deduct my utility payments from this bank account via Electric Fund Transfer. I understand that sending a written notification to the City of Ozark will revoke the authorization.

The City of Ozark reserves the right to cancel Electric Fund Transfers due to insufficient funds without notice.

Signature:

Date:

Printed Name:

Please return completed form with a voided check.
205 N. 1st Street | Ozark, MO