CITY OF BROKEN ARROW UTILITY BANK DRAFT FORM

The City of Broken Arrow invites you to sign up for the Automatic Bill Payment Plan, a special customer service that will save you time and money every month. By using the plan, you'll save time by avoiding unnecessary check-writing; you'll save money in postage and checks; and you won't have to worry about your payment arriving on time.

Just complete the plan authorization at the bottom of this form, attach a voided check, and include both the authorization and the check with your bill payment this month. The City will set you up on the Automatic Bill Payment Plan within 30 to 60 days after you return the authorization.

Once you're on the plan, your monthly utility statement will reflect the amount due and the date the amount will be deducted from your checking account. The date will usually be 10 - 14 days after the City mails your utility statement to you.

If you have a question concerning your bill, you will have at least 10 days each month to give the City a call before the amount due will be deducted from your checking account. You may discontinue using the plan any time, by contacting our office.

RETAIN FOR YOU	IR RECOR	DS		
I authorize(Name of Bank, Savings & Loan, or Credit Union) monthly utility bill payable to the City of Broken Arrow.	to cha	rge my checking account	the amount of my	
Date				
Voided Check Number:				
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Authorization to Pay City of B	Broken Arr	ow Utility Bills		
I authorize(Name of Bank, Savings & Loan, or Credit Union) monthly utility bill payable to the City of Broken Arrow.	to cha	rge my checking account	the amount of my	
Please print your name as shown on your checking account	(Yo	()Your Phone Number		
Home Address	City	State	Zip Code	
Please print your name as shown on your City of Broken Arrow account		City of B.A. account number		
Authorization Signature		Date		

Note: To ensure proper bank coding, please attach a voided blank check, and mail to:

City of Broken Arrow P.O. Box 610 Broken Arrow, OK 74013