



CITY OF YREKA
701 FOURTH ST
YREKA, CA 96097
530 / 841-2386

AUTHORIZATION FOR AUTOMATIC PAYMENT

I hereby authorize the City of Yreka to initiate automatic payments to be taken out of my checking account each month from the financial institution named below for all charges actually incurred for the utility account described below. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law.

B A N K I N F O R M A T I O N

Financial Institution:

(PLEASE INCLUDE A
VOIDED CHECK)

Address:

Phone #

City:

State:

Zip Code:

Routing #

Account #

This authorization will remain in full force and effect until the City of Yreka has received written notification from the account holder of termination. Both parties reserve the right to terminate this authorization upon the written notice to the other. In the event of a notice of termination, the City shall have up to 60 days to act upon the notice.

C U S T O M E R I N F O R M A T I O N

UTILITY ACCOUNT INFO:

Account #

Account Name:

Service Address:

YREKA, CA 96097

Complete mailing address if different from above or includes address change.

CHECK THIS BOX
IF THIS IS AN
ADDRESS CHANGE. →

Mailing Address:

City:

State:

Zip Code:

Printed Name:

Phone #

Signature: X

Date: