

# MAYOR

Richard E. Roquemore

# CITY CLERK

Brooke Haney

# CITY COUNCIL

Robert Vogel Taylor Sisk Jamie Bradley Joshua Rowan

# AUTO PAY APPLICATION SIGNUP FORM

|  |  |
| --- | --- |
| Account Name/Owner: |  |
| Street Address: |  |
| State, Zip Code: |  |
| Bank Routing Number: |  |
| Bank Account Number: |  |
| Account Number: |  |

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

By signing this form, you understand your account will be auto debited for the amount due on the 15th of each month. You will receive your bill at the beginning of the month. Please alert us if there are any discrepancies before payments process on the 15th.

If you have any questions, you can reach out to us at (770) 963-4002 ext. 200 or stop by and see us @ 1 Auburn Way Auburn, Ga. 30011

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounts Receivable, City of Auburn

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| --- |
| OFFICIAL USE ONLY |
| ACCOUNT NUMBER | AUTO PAY START DATE | SIGNATURE: Customer Service Representative |
|  |  |  |