

**AUTHORIZATION FOR
AUTOMATED BILL PAYMENT
FOR THE CITY OF DEWEY**

Return this form to City of Dewey, Utility Billing Office, 411 E. Don Tyler Ave., Dewey OK 74029

NAME (as it appears on your bill-PLEASE PRINT): _____

SERVICE ADDRESS: _____

DAYTIME PHONE: _____ **YOUR WATER ACCOUNT #:** _____

NAME OF FINANCIAL INSTITUTION: _____

ROUTING NUMBER: _____ **CHECKING/SAVINGS #:** _____

IMPORTANT: Please include a voided check with this form to ensure accurate processing.

I authorize the City of Dewey to charge my checking account the 5th of each month in the amount of my monthly bill and to make that deduction payable to the City of Dewey. In making this authorization, I agree to the Terms and Conditions of Authorization.

DATE: _____ **SIGNATURE:** _____