



CITY OF MIDDLETON
6 NORTH DEWEY AVENUE, MIDDLETON, ID 83644
208-585-3133, 208-585-9601 FAX
WWW.MIDDLETONIDAHO.US

PROCEDURE

UTILITY BILLING

UTILITY AUTO-PAY ENROLLMENT FORM

Date: _____

Account #: _____

Service Address: _____

Customer Name: _____

Customer Phone #: _____

Billing Address: _____

Bank Name: _____

Account Type: ___ Checking ___ Savings ___ Other (explain) _____

I hereby request and authorize the City of Middleton Utility Billing to initiate deductions to my account and the financial institution indicated to credit the same to such account.

This authorization shall remain in full force and effect until City of Middleton Utility Billing has written notification from me of its termination. I understand that terminating this authorization must be done in writing. I further understand that I will be responsible for paying all balances due by cash, check, money order or credit/debit card.

Authorized Signature _____

Date _____

Please attach a voided check or a copy of your savings account card, showing the bank name, routing number and account number. A document from your bank providing this information is acceptable.

Deposit slips will not be accepted for auto-pay activation.