



CITY OF LONGMONT – Authorization for Pre-arranged Utility Payments
Please print when filing out this form

Your Name (as shown on bill): _____

City of Longmont Account #: _____

Home Phone # _____ Work # _____

Service (street) address: _____

City: _____ State: _____ Zip Code: _____

I authorize the City of Longmont to instruct my bank/savings institution to make my payment from the account listed below. I understand this agreement may be revoked by me at any time by notifying the City of Longmont in writing.

Bank Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Depositor's Account Number: _____

Please attach a copy of a voided check .