



**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: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please attach a copy of a voided check .**