



Return completed form to:
City of Albany Utility Billing
333 Broadalbin St SW
PO Box 945
Albany OR 97321
(541) 917-7547

Utility Billing Direct Debit Application

Account Number: _____

Customer Name: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ Work Phone #: (____) _____

Cell Phone #: (____) _____ Email Address: _____

I authorize the City of Albany to make debit withdrawals, and the financial institution listed below to transfer payments for and in the amount of utility account balance from the following checking account:

Bank Name: _____

Name(s) on Bank Account: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature: _____ Date: _____

This authorization will remain in effect until you submit written notification of its termination in such time as to enable the City and the bank to act on it.
It is required that you include a **voided check** that is pre-printed with your name with your application form.

FOR OFFICE USE ONLY

Bank Account #: _____ Bank Code _____ Cycle _____

Routing #: _____ 1st Debit Date: _____ Employee Initial: _____

Prenote Date _____ Initials _____