

City of Monticello Automatic Withdrawal Payment Form

Name _____

Address _____

Phone _____

Water Acct # _____

Financial Institution _____

City, State _____

Bank Routing Number ____ _

Bank Acct # _____

Acct: _____Checking or _____Savings

I authorize the City of Monticello and the financial institution listed above to initiate electronic debit entries and /or adjustments for any debit entries in error to my account listed above. This authority will remain in effect until I cancel it in writing, at least 15 days before the next billing period

Signed _____ Date: _____

If you choose to have your payments withdrawn from your checking account, the bank routing number can be found on your checks. The routing number is located on the far left bottom corner and is 9 digits long.