



AUTHORIZATION FOR AUTOMATIC BILL PAYMENT

CUSTOMER INFORMATION

Customer Name *(Please Print)* _____ Service Address *(Please Print)* _____
(____) _____ (____) _____
Home Telephone Number Work or Cell Telephone Number

E-mail Address *(Please Print)* _____

FINANCIAL INSTITUTION INFORMATION

- Checking Account
 Savings Account

Financial Institution Name *(Please Print)* _____ City _____ State _____

AUTHORIZATION

I authorize the Town of Highland Park Utility Department to charge my account monthly for the amount of service billed for its account. I authorize the financial institution indicated below to debit such amounts from my account.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

Your authority will remain in full force and effect until the Town of Highland Park Utility Department has received notification from you to cancel the authorization. You have the right to stop payment of a debit entry by notifying your financial institution at least 3 business days prior to their charging your account. Requests for adjustments of incorrect charges appearing on your water bill should be made directly to the Town of Highland Park Utility office.

Complete this copy and return it to:
Town of Highland Park Utility Department.
4700 Drexel Drive
Dallas TX 75205

IMPORTANT: a voided check or a photocopy of a check must be returned with this form to ensure accurate processing!