



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

- New ACH account
- Change Bank Information

Important Information:

I authorize the financial institution named on this form to pay my utility bill by charging each payment to my account. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority begins with my **next bill** and is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my financial institution prior to charging my account. I understand, however, that both the financial institution and City of Sherwood reserve the right to terminate this payment plan (or my participation therein).

Name _____
(As it appears on bill)

Phone _____ Email _____

Address _____ City _____

State _____ Zip _____

Bank Name _____

Address _____

Utility Billing Account No: _____

Checking Account No. _____

-OR-

Savings Account No. _____

I authorize you to deduct from my checking/savings account the amount of the City of Sherwood utility bill and to make that deduction payable to the order of the City of Sherwood. In making this authorization, I agree to all the terms on this authorization.

Signature: _____

Date: _____

Please complete this form and attach a VOIDED check.

City of Sherwood- Utility Billing Dept - 15527 SW Willamette St. - Sherwood, OR 97140
503-925-2315