



Administrative Services

55 South State Street
Clearfield, Utah 84015
Phone: 801.525.2700
Fax: 801.525.2864

Authorization Agreement for Utility Billing Direct Pay

Name: _____

Telephone: _____

Street Address: _____

Utility Account Number: _____

Check one: New Agreement _____

Cancel Existing Agreement _____

Name of Financial Institution: _____

Financial Institution ROUTING Number: _____ **AND** ACCOUNT Number: _____

Type of Account: Checking _____

Savings _____

I hereby authorize Clearfield City and the financial institution designated in this application to pay my monthly utility bill by withdrawing money directly from my account. I understand that both the financial institution and Clearfield City reserve the right to terminate this payment plan and/or my participation therein. I also understand that I may elect to discontinue my enrollment in this plan at any time by providing written notice to Clearfield City. I understand the payment will be taken from my account on or around the 20th of each month. I also understand that a \$20 fee will be assessed for any Auto Pay transaction returned by my financial institution.

Signature: _____

Date: _____

**** Complete form and return along with a voided check to: ****

Clearfield City
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