



Authorization Form for Automatic Payment Plan

Date: _____ Contact Phone Number: _____

Account number: _____ Customer number: _____

Name: _____ Property address: _____

For **new** service, **INCLUDE a voided check** (for checking withdrawals) or a **deposit slip** (for savings account withdrawals)

Bank Name / Routing Number / Bank Account #

To **change** bank accounts, remove my old checking account information:

Bank Name / Routing Number / Bank Account #

And **replace** it with the new bank information: **(Include a voided check or savings deposit slip)**

Bank Name / Routing Number / Bank Account #

By signing below I am authorizing the City of New Hope Finance Department to automatically withdraw my utility payment from my bank account on the 16th of every month.
I/we understand that this authorization will continue unless discontinued by written request.
I/we understand that this authorization will automatically discontinue if the bank notifies us of none sufficient funds or closed account status by your bank and penalties will be applied.

Signature: _____ **Date:** _____

Note: You must first receive a current bill for the Automatic Payment plan to become effective.
The bill will have the wording **“Pre-authorized payment of (amount) will be drawn from your bank on month/16/year”** located at the top section of your statement.

**Submit this form by mailing it to: Utility Billing~5500 International Pkwy ~New Hope, MN 55428-3606 or scan and email to utilitybilling@ci.new-hope.mn.us or fax to 763-592-6776

Please call Utility Billing at 763-592-6760 if you have any questions.