



Commercial "Business" Auto Pay Form

ACCOUNT NAME: _____

PROPERTY ADDRESS: _____

BANK NAME: _____

BANK CITY & STATE: _____

ROUTING NUMBER: _____

ACCOUNT #: _____

UTILITY ACCOUNT NUMBER: _____

CHECKING _____ SAVINGS _____ OTHER _____

EMAIL ADDRESS: _____

Would you like your bill Emailed? _____

I authorize you to charge this business account the amount of any Automatic Payment which becomes due on the above-named account payable to Valley City Public Works. Payment will be sent to the bank for processing on the due date or the first business day after if due date falls on a weekend or Holiday. I agree that this will remain in effect until revoked by an authorized signer in writing. Until you receive and have had a reasonable time to act on such notice, you shall be fully protected in honoring any Automatic Payment against my account. I understand we need to provide proof of authorized signers and if it ever changes, we will provide Public Works with a new form and signer information.

Revised: 5/3/2023

DATE: _____ AUTHORIZED SIGNATURE: _____

TITLE: _____

DATE: _____ AUTHORIZED SIGNATURE: _____

TITLE: _____