

Authorization for Automatic Charge to Checking/Savings/Credit Card

I hereby authorize the City of Dickinson to initiate automatic withdrawals from my account number listed below.

Utility Billing Account Number (located in upper right hand corner of utility bill)

Customer Name – Please Print

Customer Address

Telephone Number

Signature

Date

Checking (PLEASE ENCLOSE VOIDED CHECK)

Savings

Name of Financial Institution

Bank Account Number

Routing Number

Credit Card (We accept Visa or MasterCard)

Credit Card Number

Expiration Date

CVV (3 digits on back)

**City of Dickinson
Utility Billing Department
99 2nd Street East, Dickinson, ND 58601
(701) 456-7744**

For Office Use Only:

Cycle: 20 RES 20 COM 30 RES 30 COM

Payment Date: 25th of month 5th of month