## APPLICATION FOR "AUTO PAY"

<u>Please print legibly:</u> Carson City Utilities Acc	ount No:	
Utility Service Address:		
Your Name, (as shown on B	ank account):	
Daytime Telephone Num	ber:	
_		h a voided check on this account a pre-printed deposit slip on this account
to withdraw from this plan, o joining this plan is a privilege If I authorize deduc Carson City Utilities will bill	change bank accounts or accounts or account and can be terminated by tion of funds from either me a \$15 Administrative Fermation and authorize Carson	asurer at (775) 887-2092 ext. 1502 upon my decision ld and delete utility service accounts. I am aware that either my financial institution or Carson City Utilities. a closed account or from one with insufficient funds, e and will cause cancellation of <i>AUTO PAY</i> . on City Utilities and my financial institution to process
		Date:
automatic payment plan. Co	ntinue to make your payr	ar on your bill identifying your payment through the <i>nents as usual until the line item appears</i> . If you now at (775) 887-2092 ext. 1502.
		USE ONLY *****************
		CCOUNT #
Date Initiated		
Date Terminated		