

AUTOPAY

Enrollment Form



CITY OF AUSTIN UTILITIES
ONLINE CUSTOMER CARE

PLEASE CHECK ONE:

- New Autopay Participant
- Current Autopay Participant with Bank or Utility Account Changes

City of Austin Utilities Account Information:

Name of account holder: Last, First, Middle Initial	Utility Account Number
Utility Service Address	Daytime Telephone Number

Bank Information: (Please direct any questions about this section to your bank.)

TYPE OF ACCOUNT:

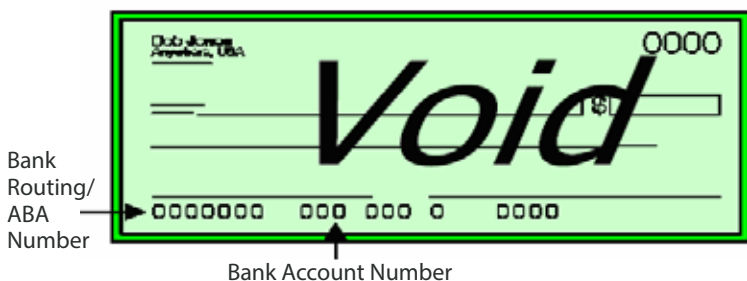
- Checking
- Savings

Name(s) on Bank Account	
Bank Routing/ABA Number (9-Digits)	Bank Account Number
Bank Name	Bank Phone Number
Bank Address	

Signature: I hereby authorize the City of Austin to debit entries to my checking or savings account indicated above for the payment of my monthly utility bill. I further authorize the bank or financial institution named above to debit such account. I understand that the debit will be made on the Due Date of each monthly bill for the balance amount as shown on such bill. This authority shall remain in full force and effect until revoked by me, my bank or financial institution or the City of Austin. I understand that a notice of cancellation needs to be received at least 10 days before the Due Date printed on my utility bill to take effect for that billing period. I acknowledge that I read and understood the City of Austin's Autopay guidelines available at coutilities.com/go/autopay.

Account Holder's Signature for Authorization	Date
--	------

Please attach a voided check to this form.



If you have signed up to make monthly ongoing charitable contributions, they will be included in your Autopay payment. Please mail one-time contributions to the City of Austin separately.

To enroll, please mail this completed form and voided check to:

City of Austin – Austin Energy
Remittance Processing – Autopay
P. O. Box 2267
Austin, TX 78768-2267
or fax to: (512) 505-4035