

# 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

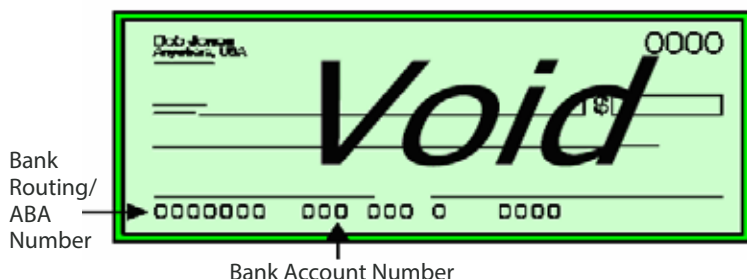
Bank Address

**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 [coautilities.com/go/autopay](http://coautilities.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 78783  
**or fax to:** (512) 505-4035