



South Ogden City  
Authorization Agreement for Utility Billing Direct Pay

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**Personal Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number (as it appears on your bill): \_\_\_\_\_

Check one:  New Agreement  Cancel Existing Agreement

**Bank Information:**

Name of Bank: \_\_\_\_\_

Bank Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of account:  Checking  Savings

**Authorization**

I hereby authorize South Ogden City and the financial institution designated in this application to pay my monthly utility bill by withdrawing money directly from my account. I understand that both the financial institution and South Ogden City reserve the right to terminate this payment plan and/or my participation therein. I also understand that I may elect to discontinue my enrollment in this plan at any time by providing written notice to South Ogden City. *Payment will be withdrawn on the 25<sup>th</sup> of each month.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Voided Check**

*Attach your voided check here*

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