



## Application for Auto-Pay Plan

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Utility Account# \_\_\_\_\_

Checking Account ☐    Saving Account ☐ (please check only one)

Bank Name \_\_\_\_\_

Name on Bank Account \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

This authorization shall remain in effect until canceled in writing. Please include a **voided check** with your application form. Send your completed application form to **City of Sandy Utility Billing, 39250 Pioneer Blvd., Sandy, OR 97055.**

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For Office Use Only

Checking                  Savings                  Account# \_\_\_\_\_ Routing# \_\_\_\_\_

1st Debit Date \_\_\_\_\_