

## ACH AUTHORIZATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email Address \_\_\_\_\_

Service Address if different from above \_\_\_\_\_

Utility Bill Account No. \_\_\_\_\_

I, \_\_\_\_\_, authorize the City of Newport to deduct the monthly water/sewer bill payment from my bank account on the due date of the payment. I have attached a copy of a voided check from my account. I understand that monthly deductions will continue until I rescind authorization by contacting the Collections Division of the City of Newport.

**Attach voided check or copy of voided check here:**