

SIGN ME UP FOR THE EFT PROGRAM!!

Utility Account _____ - _____ - _____

I authorize the CITY OF LIVINGSTON and my financial institution to automatically deduct from the checking account as shown on my enclosed check all future payments for my utility bills. I understand that both the CITY OF LIVINGSTON and my financial institution reserve the right to terminate this authorization and my participation therein. If I choose to terminate this authorization, I will immediately notify the CITY OF LIVINGSTON

Signature

Date

Signature is mandatory and must match name on voided check

Be sure to staple a voided check to this form.

(Deposit slips and photocopies cannot be processed)

Include this form with your payment

(Please print the following information)

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____