

EASY PAY APPLICATION

ACH payment enrollment

CUSTOMER	
Name	Utility Account Number:
Service Address	
AUTHORIZATION AGREEMENT	
I/we hereby authorize the City of Tualatin to initiate financial institution listed below to transfer payment.	debit entries to the bank account indicated below and the for and in the amount of my utility bill.
Financial Institution:	Account Type (select one)
Name on Bank Account	Checking
9 digit Routing Number	☐ Savings
Bank Account Number	
This authorization is to remain in full force and effect until the City of Tualatin has received written notification from the customer to terminate ACH transactions. It may take up to one month for changes to become effective. Please continue paying your bill until your bill indicates: "Bank Draft - Do Not Pay" Signature: Date:	
bigiliture	
Please include a voided check with your application	form.
Send your completed application form with voided c	heck to: City of Tualatin Utility Billing 18880 SW Martinazzi Avenue Tualatin, OR 97062
FOR OFFICE USE ONLY	
Prenote Date 1st Debit Date	Entered in SB