

AUTHORIZATION FOR AUTOMATED BILL PAYMENT PROGRAM City of Moore Utilities

Please return this form, along with a voided check to: City of Moore, 301 N Broadway Moore, OK 73160. For additional information call 793-5032.

Checking Account Draft

Financial Institution:		
	Bank Routing Number	Checking Account Number
Importa	nt: You must return a voided chec	k with this form to ensure accurate processing.
******	Important: You must return a voided check with this form to ensure accurate processing. ***********************************	
 	Attach VOID	ED Check HERE
(As it a	appears on your water bill- please p	rint)
Service Address:		
Utility Account Number	ber:	
Primary Telephone N	Number:	
must notify the (2. Stop Payment: Y	City of Moore to discontinue automated of a continue automated of a continue the right to stop payment of a	payment at least five (5) business days prior to scheduled dra
I authorize the City	of Moore to send all future billing	electronically: Yes No
Email address for e	electronic billing:	
I authorize the Ci	ty of Moore to draft my Chec	king Account
SIGNATURE (REC	QUIRED)	DATE