



Return completed form to:
 City of Albany Utility Billing
 333 Broadalbin Street SW
 PO Box 945
 Albany OR 97321
 541-917-7547

Utility Billing Direct Debit Application

Account Number: _____

Customer Name: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ Work Phone #: (____) _____

Cell Phone #: (____) _____ Email Address: _____

I authorize the City of Albany to make debit withdrawals, and the financial institution listed below to transfer payments for and in the amount of utility account balance from the following checking account:

Bank Name: _____

Name(s) on Bank Account: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature: _____ Date: _____

This authorization will remain in effect until you fill out and submit a Direct Debit Cancellation form.

It is required that you include an original **voided check** that is pre-printed with your name with your application form.

FOR OFFICE USE ONLY

Bank Account #: _____ Routing #: _____

1st Debit Date: _____ Employee Initial: _____ Bank Code _____ Cycle _____