Automatic Pay Plan Authorization

I/We authorize the City of Plymouth and the financial institution named on the attached voided check or savings slip to initiate debit entries (deductions) to the account shown on the slip/voided check.

Address_____Utility Account Number_____

Attach a voided check or a savings deposit slip.

Type of Account: ☐Checking ☐Savings

I/We understand that this authorization will continue in force unless discontinued by my/our written request.

(Optional – For Joint Account)

Signature _____ Signature_____

Full Name_____ Full Name_____

Date_____

Daytime Telephone Number (_____)_____

Retain For Your Records

On _____
(date)

I authorized the
City of Plymouth
3400 Plymouth Blvd
Plymouth, MN 55447
(763)509-5333
To initiate electronic entries to my checking/savings account and agree to terms listed on the authorization form for payment of utility bills. To cancel Automatic Pay, write to the address above.