



Office of City Clerk  
P.O. Box 344  
Bethany MO 64424  
660-425-3511

I request and give authority for the City of Bethany to withdraw from my  
\_\_\_\_ Checking  
\_\_\_\_ Savings

Account to pay my utility bill on or around the 10<sup>th</sup> of each month.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please type or print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Bank/Address of bank & phone#

\_\_\_\_\_  
Routing #

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Account #