



CITY OF OAKLEY

ACH – DIRECT WITHDRAWAL FOR UTILITIES

I _____ hereby request that the following utility bills be sent directly to _____,
(Name of Bank)

and understand that it will be withdrawn from my account between the 2nd and 5th of each month. If at anytime there is insufficient funds to cover the direct withdrawal there will be immediate removal from the ACH plan. In order to process in a timely manner this form needs to be completed by the 15th of the month.

Bank Account# _____

(Please attach a voided check or deposit slip.)

Type of Account: ___ Checking ___ Savings

Utility Account# _____

Utility Address _____

Name on Utility _____

Signature

Date

City Staff