

TOWN OF HANNA
PO BOX 99
HANNA WY 82327
PH. 307-325-9424

Automatic Payment Form

NAME: _____

ADDRESS: _____

PHONE: _____

NAME OF BANK: _____

BANK ROUTING/ABA#: _____

BANK ACCOUNT#: _____

Do you wish to receive bills via email? Yes No

Email address you wish to have bill sent: _____

All automatic payments will be taken from account on the 10th day of each month. If the 10th happens to fall on a weekend or holiday the payment will be taken on the following business day.

Customer Signature _____ Date _____