



**CITY OF
CASA GRANDE**
STRONGER UNITED

**City of Casa Grande Auto Draft
Application and Authorization**

I HEREBY AUTHORIZE THE City of Casa Grande and the indicated financial institution to charge my bank account on or the next business day after the due date (should the due date fall on a weekend or holiday) of every month, for payment of my monthly City of Casa Grande bill. I understand that both the financial institution and City reserve the right to terminate this plan and/or my participation at any time, and/or impose applicable fees for rejected payments. I may discontinue my participation in the plan at any time by notifying the City Finance Department.

City Account Number: _____

Mark One: Sewer & Trash: _____ CMR Water: _____ Housing/Airport: _____

Mark One: New Authorization: _____ Replacement: _____

Name on the Account (as it appears on bill): _____

Service Address: _____

Phone Number: _____

Email Address (add for payment confirmation): _____

Bank Routing Number: _____

Bank Account Number: _____

OR

Debit/Credit Card Number: _____

Mark One: Visa: _____ Master: _____ Discover: _____

Expiration Date: _____ **CVV Code:** _____

Customer Signature: _____ **Date:** _____

Attach Voided Check:

For Official Use Only

Date Entered/Destroyed: _____ Entered/Destroyed By: _____