

**CITY OF NORMAN BANK AUTHORIZATION FORM**  
**YOUR PAYMENT WILL BE DRAFTED ON YOUR DUE DATE**

\_\_\_\_\_  
Please Print Utility Account Name

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

\_\_\_\_\_  
Service Address

<b>OFFICE USE ONLY</b>	
_____ Cycle	_____ Route

\_\_\_\_\_  
Customer Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name on Checking Account

\_\_\_\_\_  
Name of Bank

to charge my checking account the amount of monthly utility service bill payable to City of Norman.  
P.O. Box 5599  
Norman, OK 73070

\_\_\_\_\_  
**Authorization Signature**

\_\_\_\_\_  
**Date**

*Note: To ensure proper bank coding, please attach a voided blank check.*