

Automatic Payment Plan Authorization Agreement

To ensure proper bank coding of your transfer, please **ATTACH A CHECK** marked **“VOID”** or provide us with your complete savings, checking, or credit union account number.

Note: Participation in the Automatic Payment Plan is contingent upon our receipt of your signed consent to the provision shown on this form. Keep a copy for your records.

Name of your Bank, Savings & Loan, or Credit Union and Routing Number		
Savings or Checking Account Number		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Customer Name (As shown on financial institution records)		
Address		Daytime Telephone No.
City	State	Zip Code
Customer Name on Los Alamos County Account		
Los Alamos County (7 Digit) Account Number (As shown on your bill)		
Signature. I authorize the named financial institution to make deduction from my account for payment of my Los Alamos County utility and refuse bill.		
		Date: