

**YOUR PAYMENT WILL BE DRAFTED ON YOUR DUE DATE
AUTHORIZATION TO PAY CITY OF NORMAN UTILITY SERVICE BILLS**

Please print Utility Account Name

Customer ID No.

Service Address

Location ID No.

Customer Phone Number

Cycle

Route

Mailing Address

City

State

Zip Code

Name on Checking Account

Bank Authorized _____

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

Authorization Signature

Date

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

Please leave original size: 3.5" x 6.25"