



City of Tigard

UTILITY BILLING

Application for UTILIT-EASE Pay Plan

Name _____ Service Address _____

Phone # _____ Tigard Utility Account # _____

I authorize City of Tigard Utility Billing to initiate debit withdrawals, and the financial institution listed below to transfer payment, for and in the amount of my utility bill from my checking account.

Bank Name _____ Name on Bank Account _____

Signature _____ Date _____

This authorization shall remain in effect until canceled in writing.

Please include a voided check with your application form.

Send your completed application form to: City of Tigard Utility Billing, 13125 SW Hall Blvd, Tigard, OR 97223

FOR OFFICE USE ONLY

Account # _____ Routing # _____

Prenote Date _____ 1st Debit Date _____ Employee Init. _____