



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 **Savings Account** *(please check only one)*

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

Checking Savings Account # _____ Routing # _____

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