



Electronic Funds Transfer (EFT) Payment Program Enrollment Form

Please check one:

New EFT Participant Current EFT Participant with Bank or Utility Account Changes

City of Austin Account Information:

Name of account holder: Last, First, Middle Initial _____

Utility Account Number _____

Utility Service Address _____

Daytime Telephone Number _____

Bank Information: (Please direct any questions about this section to your bank.)

Type of Account: _____ Checking _____ Savings

Name(s) on Bank Account _____

Bank Routing/ABA Number (9-digits) _____

Bank Account Number _____

Bank Name _____

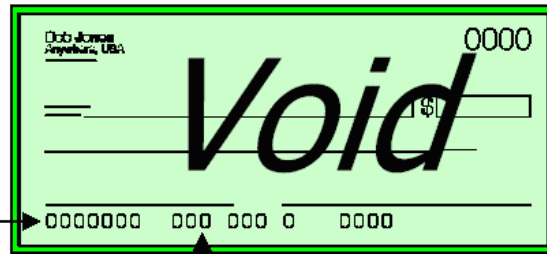
Bank Phone Number _____

Bank Address _____

Signature Section: I hereby authorize the City of Austin to initiate debit entries to my checking or savings account indicated above for the payment of my monthly utility bill. I further authorize the bank or financial institution named above to debit such account. I understand the debit will be made on the Due Date of each monthly bill for the balance amount as shown on such bill. This authority shall remain in full force and effect until revoked by me, my bank or financial institution or the City of Austin. I acknowledge that I read and understand the City of Austin's EFT Payment Program Details.

Account Holder's Signature for Authorization _____

Date _____



Bank Routing/ ABA Number →

00000000 000 000 0 0000

↑ Bank Account Number

Please attach a voided check here.

Note: CAPs and Park/Tree/Library Fund contributions must be mailed to the City of Austin separately.
Mail to: City of Austin-Austin Energy
Remittance Processing – Electronic Funds Transfer (EFT)
P. O. Box 2267
Austin, TX 78783-2267
Fax to: (512) 505-4027