



**RECURRING MONTHLY BANK PAYMENT AUTHORIZATION**

**RETURN FORM TO:**

PETERSBURG BOROUGH  
PO Box 329 PETERSBURG, AK 99833

NAME ON ACCOUNT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

**ADDRESS YOU RECEIVE MONTHLY CREDIT CARD STATEMENT AT:**

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**BANK ACCOUNT INFO:**

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT TYPE:  CHECKING  SAVINGS

Yours Name  
1234567  
Anytown, USA

1001

PAY TO THE ORDER OF: \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS

Bank of America

ACH R/T# 123456789

FOR

⑆ 123456789⑆ 000123456789⑆ 1001

ABA Check Routing Number 123456789	Account Number 000123456789	Check Number 1001	ACH Routing/Transit Number 123456789
---------------------------------------	--------------------------------	----------------------	---

CHECK NUMBER MAY APPEAR BEFORE OR AFTER THE ACCOUNT NUMBER

**I DO HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT AND THAT I AM THE AUTHORIZED USER OF SAID ACCOUNT. I AUTHORIZE THE PETERSBURG BOROUGH TO CHARGE MY MONTHLY BILL BETWEEN THE 10TH AND THE 14TH UNTIL FURTHER NOTICE.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE