

**City of Livermore
P.O. Box 279
Livermore, KY 42352
(270) 278-4671**

Date: _____

I, _____, REQUEST THAT THE CITY OF LIVERMORE DEBIT MY MONTHLY UTILITY BILLS TO THE BANK LISTED BELOW. I UNDERSTAND THAT I WILL CONTINUE TO RECIEVE A PAPER COPY OF MY BILL AND THAT MY BANK ACCOUNT WILL BE DEBITED ON THE 15TH OF EVERY MONTH.

THE FOLLOWING INFORMATION IS OFFERED TO DO SO:

BANK CODE: _____ (FOR OFFICE USE ONLY)

MY BANK'S NAME: _____

ADDRESS OF BANK: _____
(Mailing Address)

CITY, STATE, ZIP: _____

BANK'S ROUTING NUMBER: _____
This is found in the lower left corner of your check. If you have a problem, call your bank and ask them for it

YOUR ACCOUNT NUMBER: _____
(Checking Account)

Signature: _____ Date: _____

FOR OFFICE USE ONLY

CUSTOMER ACCOUNT NUMBER: _____

DATE RECEIVED: _____