



TOWN OF PARKER AUTO BILL PAY ENROLLMENT FORM

Instructions: To enroll in Automatic Bill Pay, please read and fill out the front of this form.

Note: This is a legal document and cannot be altered by the Town of Parker or a financial institution. If there are any changes to be made, you must complete another form.

Type of Transaction: _____ New _____ Change _____ Cancel		
Name: (Last, First, M.I.) _____		
Address _____		
City	State	Zip
Telephone No.	Social Security No:	
ACCOUNT NUMBER:		
Depositors Certification		
I certify I have read and understand this form, including the authorization for the Town of Parker to electronically debit my account for the payment of my water bill.		
Signature: _____	Date: _____	
Joint Account Holder Certification		
I certify that I have read and understand this form, including the authorization of the Town of Parker to electronically debit my account for the payment of my water bill.		
Signature: _____	Date: _____	

Financial Information	
* Name of Financial Institution:	_____
* Bank ID/Routing Number	_____
* Attach copy of a voided check	