

**City of Hurricane
147 N 870 W
Hurricane, Utah 84737
(435) 635-2811 x4
Fax (435) 635-4284**

Authorization Form for ACH Utility Payment

Date: _____

Name on Utility Account: _____

Hurricane City Account Number: _____

Service Address: _____

(You must attach a VOIDED check or ACH Authorization Form)

I/we, the utility account customer named above, hereby authorize the automatic monthly transfer from the banking account specified on the attached check/authorization form to the utility account number specified above of such amount as may be necessary to pay monthly utility billings from the City of Hurricane, Utah, until such time as I/we may otherwise direct in writing. *Payments are debited on the 8th of each month or first business day after the 8th.* **Any change to or cancellation of this automatic payment must be made in writing with the Utility Office a minimum of seven (7) business days prior to the 8th of each month.**

Customer Signature: _____