



City of Osage Beach  
 1000 City Parkway  
 Osage Beach, MO 65065  
 Phone: (573)302-2000 • Fax (573) 302-2039

**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM**

Please check one:     New EFT Participant     Current participant with changes

**CITY UTILITIES ACCOUNT INFORMATION**

All accounts on this form must be paid from the same bank account. If you would like alternate utility accounts deducted from different accounts, please complete a separate EFT form for each account.

Utility Account #1    Address of Service \_\_\_\_\_  
                                   Name on Account \_\_\_\_\_  
                                   Account Number \_\_\_\_\_  
                                   Daytime Telephone Number \_\_\_\_\_  
                                   Email \_\_\_\_\_

Utility Account #2    Address of Service \_\_\_\_\_  
                                   Name on Account \_\_\_\_\_  
                                   Account Number \_\_\_\_\_  
                                   Daytime Telephone Number \_\_\_\_\_  
                                   Email \_\_\_\_\_

**FINANCIAL INSTITUTION ACCOUNT INFORMATION**

Owner of Account at Financial Institution: \_\_\_\_\_  
 Name of Financial Institution: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Financial Institution Phone Number: \_\_\_\_\_  
 Routing Number (9 digits): \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Please check one:     Checking Account     Savings Account

**AUTHORIZATION AGREEMENT**

I hereby authorize the City of Osage Beach Water and/or Sewer utility to initiate withdrawals from my Financial Institution indicated above for 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. This authorization is to remain effective until the City of Osage Beach or the Financial Institution has received written notification from me of its termination. Notice should be received in time and in such a manner as to afford the City of Osage Beach or the Financial Institution a reasonable opportunity to act on it. The City of Osage Beach reserves the right to void this agreement at any time without prior notice. I understand that a return fee will be applied to any returned items.

Signature of Bank Account Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK OR A SAVINGS DEPOSIT SLIP TO THIS DOCUMENT**