



AUTOMATIC PAYMENT AUTHORIZATION FORM

FORM#: CS1008
REVISED 3/02/2026

Please type or print clearly information below.

Name: _____ Address: _____ BMU Acct #: _____
City: _____ State: _____ Zip: _____

**Please attach a voided check for the bank account from which funds are to be withdrawn, and/or provide the bank account information in the spaces provided.*

Name of Bank: _____
Name on Account: _____
9-Digit Routing #: _____
Your Bank Acct #: _____
Type of Account: Checking Savings

STAPLE VOIDED CHECK HERE



Information Authorization

I authorize the Sikeston Board of Municipal Utilities to directly withdraw my utility bill payment from the account listed above. This authorization will remain in effect until I modify or cancel this authorization in writing.

Signature

Date

CSR REVIEW

Signature

Date