



CITY OF SAND SPRINGS

100 E. Broadway St. • P.O. Box 338 • Sand Springs, Oklahoma 74063
Phone: 918.246.2500 • sandspringsok.org

Automatic Bank Draft Payment Authorization Change Form

Name on Bill: _____
Email address: _____
Street Address: _____
City/State/Zip: _____ Phone: _____
Customer Account Number on Bill: _____

- Please **cancel** current autodraft on account effective date: _____
- Please resume autodraft once leak adjustment is complete.

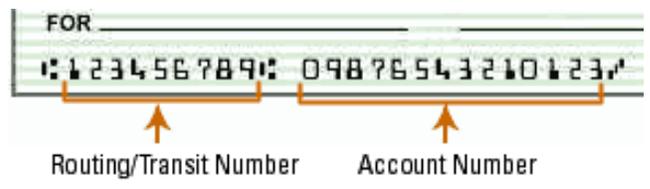
* We are **NOT** able to cancel the autodraft until the next billing cycle if the ACH has already been processed for payment. This is generally 3-4 days before the scheduled date to deduct from the account. Please call our office to inquire about the account status if you are unsure.

Please **change** autodraft to new account:

Checking Savings

Financial Institution: _____ City: _____
Routing #: _____ Account #: _____

Depending on when we receive the account change form, **most** autodraft bank changes will be effective on your next billing cycle.



I authorize the City of Sand Springs to cancel or change and charge my checking or savings account monthly in the amount of my monthly utility bill and to make the deduction payable to the City of Sand Springs. In making this authorization, I agree to all the Terms and Conditions of Authorization.

Signature: _____ Date: _____

- For additional information please call: (918)246-2500
- Email form to: utilitiescs@sandspringsok.gov
- Print completed form and mail, **along with a voided check**, to:
City of Sand Springs, Attn: Customer Service, PO Box 338, Sand Springs, Ok 74063