

Authorization to Pay Bixby Public Works Authority (BPWA) Utility Bills

I authorize _____ to charge my checking account the amount of my monthly utility bill payable to Bixby Public Works Authority.
(Name of bank, savings and loan, or credit union)

Print your name as shown on your checking account (_____) _____
Phone Number Date

Home Address City State Zip Code

Print your name and account number as shown on your Utility Account Authorization Signature

(NOTE: PLEASE ATTACH A VOIDED BLANK CHECK WITH THIS AUTHORIZATION)

Please return this form and copy of voided check either by mail or in person

By mail: BPWA; PO Box 70; Bixby, OK 74008 In person: Visit our Billing Counter located at 116 W. Needles