



## APPLICATION FOR DIRECT PAY PROGRAM

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### Bank & Account Information:

Bank Name \_\_\_\_\_  
Bank Routing Number \_\_\_\_\_  
Account Number \_\_\_\_\_

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I hereby authorize the Town of Jackson to directly debit the bank account specified above for the payment of utility bills on the following utility accounts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Account Number(s)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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**Please send completed and signed form to:**

**Town of Jackson  
Finance Department  
P.O. Box 1687  
Jackson, WY 83001**