CITY OF BARNESVILLE
DIRECT BILL PAY OPTIONS

Name_____

Address_____

City_____ State_____ Zip_____

Work Phone ( ) _____

Home Phone ( ) _____

E-mail Address _____

CREDIT CARD PAYMENT

☐ Mastercard ☐ Visa Exp. Date_____

Card Number _____

Signature of Cardholder_____

AUTO WITHDRAWL - Include voided check blank

Bank Name_____

Bank Routing Number _____

Bank Account Number_____

Signature of Account Holder_____