



City of Kingman

310 NORTH FOURTH STREET • KINGMAN • ARIZONA • 86401 • (928)753-5561
www.cityofkingman.gov

CUSTOMER ACCOUNT AUTHORIZATION

REGARDING MY ACCOUNT AT: _____

ACCOUNT NUMBER: _____ - _____

I, _____,

REQUEST THAT: _____

BE GIVEN THE FOLLOWING AUTHORIZATION ON THE ACCOUNT REFERENCED ABOVE. (Please check all that apply)

CREDITCARD AUTHORIZATION: This allows the authorized person to make payments using your credit/debit card on your behalf.

Name on Card: _____

LIMITED AUTHORIZATION: This allows the authorized person to obtain the following information on your behalf. Including but not limited to- account balance, copies of bills, payment history, payment methods used, make payments and verify mailing address.

FULL AUTHORIZATION: This gives the authorized person limited authorization as indicated above, plus the ability to request the following on your behalf- start/stop services, order additional services (extra trash, meter test, etc.) and verify/update mailing address.

I UNDERSTAND THAT BY GIVING THE AUTHORIZATION LISTED ABOVE THAT IT WILL NOT PLACE ANY FINANCIAL RESPONSIBILITY ON THE PERSON AND THAT I AM SOLELY RESPONSIBLE FOR THE FINANCIAL OBLIGATION OF MY ACCOUNT.

ACCOUNT HOLDER(S)

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____