

ACH AUTHORIZATION – WATER/SEWER/GARBAGE BILL

CUSTOMER INFORMATION

Name: _____ Utility Account Number: _____

Phone number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PAYMENT DETAILS

The auto payment transfer will be done on the 15th day of the month which the bi-monthly bill is due.

AUTHORIZATION

Name on Account: _____

Bank Name: _____

Routing Number: _____

Account Number: _____ Checking/Savings

TERMS

I/we understand it's my/our responsibility to notify the City of any changes to my account.

I/we understand that this authorization will remain in full force and effect until canceled in writing.

Written notice of cancellation must be delivered in person or by mail to the address below at least ten (10) days prior to the proposed effective date of the termination of this authorization.

City of Waukon
101 Allamakee Street
Waukon, IA 52172

Signature: _____ Date: _____

Please provide a VOIDED CHECK for the account from which payment is to be deducted.