

CITY OF CLARION

121 1ST ST SW, PO BOX 266 CLARION IA 50525
PHONE: 515-532-2847 FAX: 515-532-2171
clarion@clarioniowa.gov

AUTOMATIC DEBIT FOR WATER BILL

I, HEREBY AUTHORIZE AND DIRECT THE CITY OF CLARION WATER DEPARTMENT TO WITHDRAW FROM MY ACCOUNT ON THE **5TH DAY OF EACH MONTH** THE AMOUNT DUE ON THE WATER BILL, UNTIL FURTHER NOTICE.

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

CHECKING

SAVINGS

PLEASE ATTATCH A VOIDED CHECK TO THE FORM

NAME OF BANK: _____

BANK ADDRESS/TOWN: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

Returned ACH processing fee: \$30 (insufficient funds, closed or unable to find accounts) Should this occur account will then be taken off the automatic withdrawal processing.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

- IF YOU CLOSE AN ACCOUNT OR NO LONGER WANT THIS PROVIDED SERVICE NOTIFY THE CITY CLERK SO IT CAN BE REMOVED FROM YOUR WATER ACCOUNT
- IF YOU CHANGE BANKING INFORMTION SUBMIT A NEW UPDATED FORM TO CITY HALL
- WATER ACCOUNTS ARE PROCESSED AND TRANSFERRED TO THE BANK ON THE 4TH OF THE MONTH, AT WHICH TIME THE PAYMENT CAN NO LONGER BE STOPPED FOR THE BILLING CYCLE.

WATER ACCOUNT # _____

DATE RECEIVED INHOUSE _____