

BUSINESS WATER SERVICE AGREEMENT

SERVICE START DATE: _____ **\$100 DEPOSIT DUE AT TIME OF SERVICE**

BUSINESS NAME: _____

ADDRESS OF SERVICE: _____

TAX ID#: _____

BILLING ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

FAX NUMBER: _____

AUTOMATIC WITHDRAWALS (Recommended)

_____ *(Initials)* I hereby authorize and direct the City of Clarion to withdraw from my account on the **5th day of each month** the amount due on my bill, until further notice.

_____ *(Initials)* I agree to pay the City's returned item fee (i.e. insufficient funds, closed account, unable to find account) of \$30. If this occurs, I understand my account will be taken off of Automatic Withdrawals.

_____ *(Initials)* I will notify the City of any change in banking information or if I wish to discontinue Automatic Withdrawals, and understand automatic payments cannot be stopped less than 48 hours in advance.

Name of Bank: _____ Bank Address/Town: _____

Bank Routing Number: _____ Bank Account Number: _____

Account Type: Checking Savings

ELECTRONIC BILLING (Recommended)

Avoid mail delays. Receive your bill instantly. Discover leaks sooner.

Make sure your email system accepts messages from billing@clarioniowa.gov – replies are not monitored

_____ *(Initials)* I will notify the City if my email address changes, and acknowledge that I am solely responsible for the privacy and security of my email account.

_____ *(Initials)* If paying manually, I will include my utility account number to identify my payment.

_____ *(Initials)* I hereby voluntarily consent to receiving my utility bill via email, and may change to paper-mailed bills at any time.

