

# CITY OF CLARION

121 1<sup>ST</sup> ST SW, PO BOX 266 CLARION IA 50525  
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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 **5<sup>TH</sup> 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 ATTACH 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, your account will 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 INFORMATION, SUBMIT A NEW UPDATED FORM TO CITY HALL
- WATER ACCOUNTS ARE PROCESSED AND TRANSFERRED TO THE BANK ON THE 4<sup>TH</sup> OF THE MONTH, AT WHICH TIME THE PAYMENT CAN NO LONGER BE STOPPED FOR THE BILLING CYCLE.

WATER ACCOUNT # \_\_\_\_\_

DATE RECEIVED INHOUSE \_\_\_\_\_