

CITY OF CLARION



RESIDENTIAL UTILITY SERVICE AGREEMENT

Customer Name: _____

Service Address: _____, Clarion, Iowa 50525

Billing Address (if different): _____

Email Address: _____

Social Security Number (required): _____ Phone Number: _____

I Am: Owner (\$75 Deposit) Tenant (\$100 Deposit) Service Start Date: _____

Names of Adults (18+ years) at residence: _____

Number of people in dwelling (Used to monitor for leaks): _____

Have you previously been a customer of the City? No Yes If Yes, previous address: _____

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.

I hereby apply for utility services for the above premises pursuant to the Code of Ordinances, utility rules and regulations, and the following:

1. If two or more payments are dishonored within a six-month period, the utility shall require future payments to be by cash or cashier's check.
2. I agree to pay all bills rendered by the City until I give written notice to the City to discontinue said utility services. The above referenced deposit is intended to guarantee payment of bills as required for water service connection.
3. I understand that this deposit will be applied to my account upon termination of services. If the deposit is less than my final bill, I will pay the balance due. If the deposit is more than my final bill, the City will refund the credit balance with the last billing cycle.
4. Upon termination/disconnection of services I agree to pay the final bill within 30 days. If full payment is not received within 30 days, I understand that my account balance will be turned over to the State of Iowa's Offset Program or the Wright County Treasurer's Office.
5. I understand that the utility must receive my payment by the due date, that it is not responsible for mail delays, and that the postmark date of my payment will not count towards timely payment.
6. If my bill is received by the utility after the 15th of the month, I agree to pay a late fee of \$10 (or other such amount as determined by resolution of the Council).
7. If, subsequent to my nonpayment, I request reconnection of services, I agree to pay a fee of \$25 if such reconnection is made prior to 3:30pm on a City workday; or \$50 if made after 3:30pm on a City workday or during the weekend or on a City holiday (or other such amount as determined by resolution of the Council).
8. I agree to pay a returned check/ACH fee of \$30 (or other such amount as determined by resolution of the Council).
9. The billing period runs from the 15th to the 15th of each month. Water meters are read mid-month; you may be notified if there is unusual or high consumption on your account.
10. Metered water is considered billable usage and cannot be waived regardless of any leaks, breaks, or faulty plumbing associated with the water account.
11. **SERVLINE PROTECTION PLAN:** Leak protection is automatically added on to monthly water bills as an optional service. For further information, or to opt out, contact ServLine at 515-532-7600. Water & sewer line (foundation to main) protection is available upon your request for an additional monthly cost.
12. **FINALIZE BILL:** To close out your account, stop into City Hall or visit our website, 'I WANT TO' tab and fill out the Final Form. This provides us with date of disconnection, forwarding address and pertinent information to close out the billing cycle in your name.
13. **Payment is due in-house by the 15th of the month. If the 15th falls on a City holiday, Saturday, or Sunday, payment is due the following City workday. Postmark dates prior to the due date are not considered towards timely payment. I understand there is a drop box located in the entryway of City Hall available 24/7 to drop off my payment.**
14. **I understand I can pay my bill 24/7 with a credit or debit card through www.clarioniowa.gov/pay**

SIGNATURE

DATE

In-house use:

WATER ACCOUNT # _____

DATE RECEIVED INHOUSE _____