



**CITY OF STORY CITY – WATER DEPARTMENT
AUTOMATIC (ACH) BILL PAYMENT AUTHORIZATION**



What is automatic bill payment and how does it work? It's an electronic funds transfer payment that saves you the trouble of writing a check to pay your bill. After you have signed up, you will receive your bill marked "**PAID BY DRAFT**" each month and it will be deducted out of your checking account on the **15th of each month**. If the 15th should fall on a holiday or weekend, your payment will be deducted on the following business day. We notify your bank or financial institution of the amount to be transferred from your account to pay your water bill.

Here are the steps you need to take to sign up for **AUTOMATIC BILL PAYMENT**:

- 1) Complete the following information.
- 2) Sign the authorization form.
- 3) Attach a blank check with the word **VOID** written across the face of the check.
- 4) Drop off or mail to: **City of Story City, 504 Broad Street, Story City, Iowa 50248**

I (we) hereby authorize CITY OF STORY CITY WATER DEPARTMENT to initiate debit entries to my (our) CHECKING _____, SAVINGS _____ (choose one) in the financial institution (BANK) named below. I (we) further authorize BANK to debit such entries to my (our) account.

NAME ON ACCOUNT _____
PRIMARY PHONE NUMBER (_____) _____
YOUR BANK ACCOUNT NUMBER _____
BANK ROUTING NUMBER _____
BANK NAME _____
BRANCH _____
BANK ADDRESS _____
CITY _____ STATE _____
ZIP CODE _____
BANK TELEPHONE NUMBER (_____) _____

It is understood that this agreement may be terminated by (either of us) at any time up to seven business days before the 15th of the month by oral and written notice to **CITY OF STORY CITY WATER DEPARTMENT**. Any such notification to **CITY OF STORY CITY WATER DEPARTMENT** shall be effective only with respect to entries initiated after receipt of such notification.

I agree that I remain obligated to pay for water services in the event that a charge to my account is dishonored, for whatever reason, and the City of Story City Water Department retains its normal collection rights.

Depositor's Name (Please Print)

Depositor's Address: City, State, Zip Code and Telephone Number (Please Print)

Depositor's Signature Date

PLEASE RETURN THIS FORM TO CITY HALL - 504 BROAD ST STORY CITY