



Water Utility Billing – Automatic Withdrawal Application

Last First MI

Address of Property City State

Phone Number

I (we) hereby authorize the City of Jefferson to initiate debit entries to my (our) bank account indicated below at the depository financial institution names below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S law.

Financial Institution Name City State

Financial Institution Phone Number

Financial Institution Routing Number

Customer Account Number

Checking Account Savings Account

This authorization is to remain in full force and effect until the City of Jefferson has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Jefferson and DEPOSITORY a reasonable opportunity to act on it.

Signature _____ Date _____

**** Attach a voided check to your application if withdrawing from checking**

**** Attach a deposit slip if withdrawing from saving**

Office use only: _____ - _____
Utility Account Number Service Address