CITY OF BLUE GRASS

114 N. MISSISSIPPI STREET, BLUE GRASS, IA 52726
(563) 381-4700

AUTHORIZATION FOR DIRECT PAYMENT (ACH DEBITS) FOR MONTHLY CITY SERVICES OF SEWER AND GARBAGE

Account Number: _____
Account Name(s): _____
_____
Property Address: _____
Billing Address: _____
City/State/Zip: _____
Home Phone Number: _____
Work Phone Number: _____

To sign up for this free service, please fill out this form at its entirety and attach either a personalized deposit slip (if you choose to have withdrawn from your savings) or a VOIDED check (if you choose to have withdrawn from your checking) and return to City Hall or City Hall's payment drop box and/or by mail to: City Hall, 114 N. Mississippi St, Blue Grass, IA 52726.

I(we), hereby authorize the City of Blue Grass to deduct from my(our) checking or savings account indicated below for my(our) monthly utility bill. I(we) understand that my(our) utility bill will be mailed to me(us) on or about the 24th of each month indicating the amount to be deducted on or around the 15th day of each month.

The City of Blue Grass and the Financial Institution indicated below are authorized to accept, honor, and post to my(our) account the indicated transaction that shall appear on my(our) monthly utility bill. I(we) understand that this authorization shall remain in full force and effect until I(we) notify the City of Blue Grass of such termination, in writing at 114 N. Mississippi Street, Blue Grass, IA 52726. I(we) understand that the City of Blue Grass requires at least 7 days prior notice to cancel this authorization.

BANKING INSTITUTION: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

ACCOUNT TYPE (Choose One): _____ CHECKING _____ SAVINGS

SIGNATURE(s) OF NAME(S) LISTED ON ABOVE BANK ACCOUNT:

_____

_____

DATE: _____

☐ I DO NOT WISH TO RECEIVE A MONTHY BILL

☐ I DO WISH TO RECEIVE A MONTHY BILL