

AUTOMATIC UTILITY BILL PAY AUTHORIZATION FORM

**Print
Full Name:**

Utility Service Address:

Mailing Address:

**Phone
Number:**

Banking Institute:

Banking Location:

**Bank
Routing #:**

Checking Account #:

or Savings Account #:

I authorize, the City of Merville Water Department, to deduct my utility payment around the **8th** of every month, from the checking or savings account number listed above. I understand that I can discontinue this payment service at any time by notifying the City of Merville in writing.

Signature: _____

Date: _____

***Please drop off completed form at Merville City Hall or Mail to P.O. Box 420, Merville, IA 51039**