

CITY OF DECORAH
 400 Claiborne Drive
 PO Box 138
 Decorah, Iowa 52101

Thank you for your interest in the City’s debit program for Utility Services. By completing and returning the “*Authorization Agreement for Preauthorized Payments*” form, you are authorizing the City to deduct quarterly utility charges from your bank account.

Where do I send the completed form?

Mail To: City of Decorah
 PO Box 138
 Decorah, IA 52101

Drop Off: Decorah Municipal Center
 400 Claiborne Drive
 Decorah, IA 52101
 Weekday Hours: 8 a.m. to 5 p.m.

E-Mail To: hagensik@decorahia.org

What will happen after my authorization is processed?

Each quarter, you will receive a postcard-sized billing statement similar to the one below that will indicate the amount being deducted from your bank account on the 15th of the month with a notation of “PD BY DRAFT” on the billing statement.

CITY OF DECORAH				RETURN SERVICE REQUESTED		PRE-SORTED FIRST CLASS MAIL US POSTAGE PAID DECORAH, IA PERMIT NO. 172	
FROM	TO	BILLING DATE	PREV BALANCE				
2/15/17	5/15/17	6/1/17	0.00				
READINGS		USED	* CODE	AMOUNT	ACCOUNT NUMBER		
PREVIOUS	PRESENT				00-00000-00		DUE DATE
45850	46240	390	WA	20.69	7/1/17		
			SE	31.88	TAX		
			SW	9.00	1.45		
SAMPLE INVOICE				AMOUNT DUE AFTER DUE DATE			
				PD BY DRAFT			
				PENALTY			
				AMOUNT DUE NOW			
				63.02			
LOCATION: YOUR ADDRESS				PLEASE RETURN BOTTOM STUB WITH PAYMENT SEE REVERSE SIDE FOR CODE EXPLANATION			
ACCOUNT NUMBER				JOHN DOE			
00-00000-0				YOUR ADDRESS			
DUE DATE							
7/1/17							
AMOUNT DUE AFTER DUE DATE							
PD BY DRAFT							
AMOUNT DUE NOW							
63.02							

What if I want to change bank accounts or stop debit payments?

To change bank accounts, complete another “*Authorization Agreement for Preauthorized Payments*” form and mail or drop off as noted above. If you wish to stop pre-authorized payments, you may contact the City of Decorah at (563) 382-3651.

City of Decorah

**CONSENT AGREEMENT FOR PRE-AUTHORIZED PAYMENTS
Water Utility Services**

CHECK ONE:

START

CHANGE

STOP

CUSTOMER INFORMATION

NAME (PLEASE PRINT)

STREET ADDRESS

CITY/STATE/ZIP

PHONE/CELL #

BILLING ACCOUNT NUMBER:

FINANCIAL INSTITUTION INFORMATION

[Please provide a voided check or deposit slip]

FINANCIAL INSTITUTION NAME

STREET ADDRESS

CITY/STATE/ZIP

NINE-DIGIT BANK ROUTING NUMBER

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BANK ACCOUNT NUMBER _____

TYPE ____ CHECKING ____ SAVINGS

AUTHORIZATION

I hereby authorize the City of Decorah to initiate debit entries from my account at the financial institution named above for water, sewer, and storm Water charges and to initiate, if necessary, credit entries and adjustments for any entries made in error to my account indicated above. This authorization will remain in effect until I have notified the City of such request for change or cancellation.

SIGNATURE

DATE



ATTACH VOIDED CHECK HERE

