

C I T Y O F

# DECORAH

P.O. Box 138  
 400 Claiborne Dr.  
 Decorah, Iowa  
 52101  
 Phone  
 (563) 382-3651  
 Fax  
 (563) 382-6525

## Thank you for signing up for Pre-Authorized Payment Form!

Please complete the fillable form below. You may drop off the completed form at City Hall (400 Claiborne Drive), mail it or email it to dhagensick@decorah.iowa.gov.

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.

If you are needing to change your bank account information, we ask that you fill out a new form.

Please notify City Hall if you wish to stop using the Pre-Authorization Payment.

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					
PREVIOUS	PRESNT								
45850	46240	390	WA	20.69		ACCOUNT NUMBER			
			SE	31.88		00-000000-00			
			SW	9.00		DUE DATE			
<b>SAMPLE INVOICE</b>						TAX			
						1.45		PD BY DRAFT	
						PENALTY		AMOUNT DUE NOW	
								63.02	

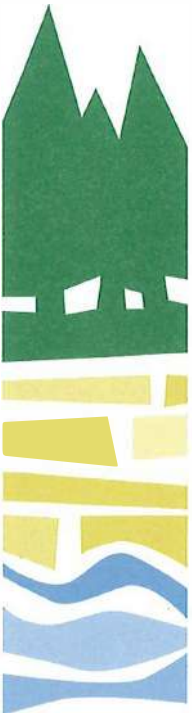
  

LOCATION	YOUR ADDRESS
ACCOUNT NUMBER	00-00000-0
DUE DATE	7/1/17
AMOUNT DUE AFTER DUE DATE	
PD BY DRAFT	
AMOUNT DUE NOW	63.02

PLEASE RETURN BOTTOM STUB WITH PAYMENT SEE REVERSE SIDE FOR CODE EXPLANATION

JOHN DOE  
YOUR ADDRESS

Thank you,  
City of Decorah



City of Decorah

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

START  CHANGE  STOP  PERSONAL ACCOUNT  COMMERCIAL ACCOUNT

**CUSTOMER INFORMATION**

NAME (PLEASE PRINT)

STREET ADDRESS

CITY/STATE/ZIP

PHONE/CELL #

BILLING ACCOUNT NUMBER:

**FINANCIAL INSTITUTION INFORMATION**

*(Please provide a voided check)*

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**

