



**City of Waukeee**  
230 W. HICKMAN ROAD; WAUKEE, IA 50263  
**Utility Auto Payment Request**

(515) 978-5502

**Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Utility Account Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Please Complete the Following Information:**

**Bank Name:** \_\_\_\_\_

**Routing #:** \_\_\_\_\_  
(first set of numbers on bottom of check)

**Bank Account #** \_\_\_\_\_  
(second set of numbers on bottom of check)

**Type of Account:**     **Checking**

or     **Savings**



**Please START my Auto Payment - Effective Date:** \_\_\_\_\_  
Please allow at least 6 weeks due to billing cycle dates.

Please attach a Voided Check to begin your Auto pay     **Check attached?**

**If you do not have a check you must provide verification from your bank of the routing and account #.**



**Please STOP my Auto Payment - Effective Date:** \_\_\_\_\_



- ❖ Bills are processed and mailed on the last day of the month.
- ❖ Automatic payments will be presented to your bank on the 20th of each month, or the Friday prior if the 20<sup>th</sup> falls on a weekend.
- ❖ If a draft or automatic bank debit is not honored by the financial institution for any reason when presented the first time, the utility account shall immediately be deemed unpaid and delinquent, as if the customer had attempted no payment at all. Customer shall be notified by ordinary mail that the account is in default by the amount of the dishonored draft or automatic bank debit. Utility services will be disconnected as of the date specified in the notice. Disconnection date shall be no later than the disconnection date would have been if the customer had attempted no payment at all. The notice shall also state the fees that will be due for reconnection of service. After such notice, only payment in cash, certified check or money order for the delinquent amount shall be accepted. To prevent disconnection, such payment shall be delivered to the utility office during normal business hours but not later than 12:00 PM on the scheduled disconnect date.
- ❖ The City reserves the right to pursue all other collection remedies available under law, and to discontinue automatic payments at any time.

**I hereby authorize the automatic payment of my utility billing on the 20th of each month.**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

For office use only:

Completed by: \_\_\_\_\_

Start ACH Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

End ACH Date: \_\_\_\_\_