

Introducing...

# EasyPay

from the City of West Branch

The City of West Branch is offering a direct bill payment program which allows you to pay your **water bill** automatically each month. When you enroll in our **EasyPay** program, we will deduct the amount due for your monthly water/sewer/recycling bill from your checking or savings account automatically. This will be taken out of your account on the 20th of every month. You will continue to receive your monthly bill for your records.

**EasyPay** is the "easy" way to pay your monthly water/sewer/recycling bill automatically. **EasyPay** is a convenient, reliable and less expensive way to pay regular bills. No more checks to write, no more postage, no more "lost in the mail" worries, and no more late penalty charges when you are out of town or on vacation!

**To enroll in EasyPay, complete the form below and return to the West Branch City Office.**

*Enrollments received by the 25th of each month will take effect the following month.*

I, (We) hereby authorize City of West Branch (hereinafter called City) to initiate appropriate ACH entries, if necessary, adjustments for entries made in error to my (our) account(s) indicated below and the depository(s) named below to credit and/or debit the same such accounts. This authorization shall remain in effect until City has received written notification from either party of its termination in such time and in such manner as to afford City and depository(s) a reasonable opportunity to act upon said termination request. City may cancel this agreement at any time upon written notification to City's customer. Also, I agree that I remain obligated to pay for utility services in the event that a charge to my account is dishonored, for whatever reason, and City retains its normal collection rights.

## Debit/Charge Information

Name: \_\_\_\_\_ Utility Account No(s):: \_\_\_\_\_

Service Address(s): \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Routing/Transit#: \_\_\_\_\_

☐ Checking ☐ Savings Account No: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Please attach a voided check or deposit slip.**

Return completed form to the City of West Branch, 304 E Main St., PO Box 218, West Branch, IA 52358; FAX 319-643-2305

For Official Use:

Process Date: \_\_\_\_\_ By: \_\_\_\_\_ Effective Date: \_\_\_\_\_