



Agreement For Preauthorized Payments

To sign up for AUTOMATIC WITHDRAWAL, please complete the form below and mail or bring to City Hall along with a VOIDED CHECK from your financial institution.

I (we) hereby authorize the CITY OF VAN METER to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME _____

CITY _____ **STATE** _____ **ZIP** _____

TRANSIT ABA NO. _____ **ACCOUNT NO.** _____
(Transit ABA Number is the first 9 numbers from left on the bottom of your check)

This authority is to remain in full force and effect until the City of Van Meter and Depository have received written notification from me (either of us) of its termination in such time and in such manner as to afford the City of Van Meter and Depository a reasonable opportunity to act on it.

NAME(s) (print) _____

SIGNATURE _____

DATE _____

Check this box to receive your monthly billing statement via email
Preferred email address: _____

******You will receive your water bill on or near the first of the month as usual. The amount due will be deducted from the above assigned account on the 15th of each month.******