NK NAME	I	
NK ADDRESS	 	
NK ROUTING NUMBER		
NK ACCOUNT NUMBER		
ATER ACCOUNT NUMBER	.	
	个 Please attach a VOIDED CHE	CK from the account that you wish this bill to be paid.个
DIRECT BANK PA	YMENT AUTHORIZATI	ON FOR CITY UTILITY SERVICE
RETURI	N TO: CITY OF MANCHESTER, IOWA 208 E jschmitz@mancheste	·
CUSTOMED INFORMATIO	N	
CUSTOMER INFORMATION	N	
		PHONE:
□YES □NO I WOULD L	IKE TO ENROLL IN PAPERLESS BILLING	
ACKNOWLEDGEMENT		
☐My payment will be deduct ☐It is my responsibility to no	regular bill, stamped "PAID BY DRAFT." ted on the 10 th day of the month or the ptify the City of any changes to my autor numbers, address changes, etc.	
by initiating debit entries to my authorized, as a convenience to City of Manchester for the paym account to pay the same upon check drawn on BANK and signed actually receives such notice. I a be dishonored, either with or w	y (our) account in the financial institution not be me, to pay and charge to my account, check nent of my water, sewer, garbage, landfill an presentation. I agree that BANK's right in red personally by me. This authority is to reagree that BANK shall be fully protected in he	It payment for City utility services at the address noted above amed on this form hereinafter called BANK. BANK is hereby cks drawn on my account by and payable to the order of the id compost billing, provided there are sufficient funds in such respect to each such check shall be the same as if it were a main in effect until revoked by me in writing and until BANK conoring any such check. I further agree that if any such check divertently, BANK shall be under no liability whatsoever even
Customer's Signature		Date
DATE RECV'D	EFFECTIVE DATE:	INPUT BY: