



City of Eagle Water Department
 660 East Civic Lane
 Eagle, Idaho 83616
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 Email: krekow@cityofeagle.org

AUTOMATIC DEBIT (ACH) AGREEMENT

CITY UTILITY ACCOUNT NUMBER: _____

The City of Eagle is pleased to offer direct payment of your monthly utility bill from your checking or savings account – commonly referred to as ACH withdrawal. To participate in this program, simply fill out the authorization below, **attach a voided check** and return to City Hall. This is a free and convenient service.

You will still receive your monthly statement in the mail. The total amount due will be deducted from the bank account of your choice on the 14th of each month.

CUSTOMER INFORMATION

Name: _____
 Service Address: _____
 Telephone: _____
 E-Mail Address: _____

BANK INFORMATION

Name of Financial Institution: _____
 Routing Number: _____
 Account Number: _____ Checking | Savings
 Payment Date: The 14th of each month
 Month and Year to begin Service: _____

Authorization and Signature

I hereby authorize the City of Eagle to initiate debit entries to my checking/savings account as indicated and credit my utility account. This service will continue until the City receives written notification from me to terminate this payment arrangement.

Customer Signature: _____ Date: _____

Initiation and/or suspension of this service may take up to 30 days.

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