CITY OF NEVADA Water & Sewer ACH Application

ACCOUNT #		SOCIAL SECURITY#		
NAME:				
NAME:LAST		FIRST MIDD		E INITIAL
SERVICE ADDRESS:				
	NUMBER	STREET	PO BOX	APT#
MAILING ADDRESS: (IF DIFFERENT)				
(IF DIFFERENT)	NUMBER	STREET	PO BOX	APT#
	CITY	STAT	F.	ZIP
	CITI			
PHONE# (H)	(W)			
institution. I (We) authorize a charge to my account on the 13 th of each month or the following business day if it falls on a weekend. This authority is to remain in full force and effect until the City of Nevada has received written notification from undersigned party of its termination in such time and manner as to afford the City of Nevada and financial institution a reasonable opportunity to act on it. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.				
SIGNATURE		DATE	DATE	
NAME OF INSTITUT	ION:			
ADDRI	ESS:			-
PHO	NE#:			
CHECKING ACCOUN	NT #:			_

STAPLE VOIDED CHECK HERE