

CITY OF NEVADA
Water & Sewer ACH Application

UTILITY ACCOUNT # _____ SOCIAL SECURITY# _____

NAME: _____
LAST _____ FIRST _____ MIDDLE INITIAL _____

SERVICE ADDRESS: _____
NUMBER _____ STREET _____ PO BOX _____ APT# _____

MAILING ADDRESS: _____
(IF DIFFERENT) NUMBER _____ STREET _____ PO BOX _____ APT# _____

_____ CITY _____ STATE _____ ZIP _____

PHONE# (H) _____ (W) _____

Authorization is granted for automatic monthly payment of my utility bill through the following named financial institution. I (We) authorize a charge to my account on the 13th 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 _____

NAME OF INSTITUTION: _____

ADDRESS: _____

PHONE#: _____

BANK'S ROUTING #: _____

CHECKING ACCOUNT #: _____

**STAPLE VOIDED CHECK HERE
IF AVAILABLE**