

UTILITY ACCOUNT # _____		SOCIAL SECURITY# _____	
NAME: _____			
LAST		FIRST	MIDDLE INITIAL
SERVICE ADDRESS: _____			
NUMBER		STREET	PO BOX APT#
MAILING ADDRESS: _____			
NUMBER		STREET	PO BOX APT#
(IF DIFFERENT)			
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.**

CHECKING ACCOUNT #:_____

F:\Office\Public Works\WATER\FORMS\ACH Transmittal Form.doc