



# Automatic Payment Application

With **Automatic Payment** your payment is automatically withdrawn from your account, at the financial institution of your choice, on the 15th of the month or on the following business day if it falls on a weekend or holiday. You will continue to receive a billing statement each month. To enroll in **Automatic Payments**, complete and return this form to Bondurant City Hall.

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_  
Bondurant, Iowa 50035

DAYTIME PHONE NUMBER : (\_\_\_\_\_) \_\_\_\_\_

E-MAIL : \_\_\_\_\_

Do you want to have the bill statement e-mailed to you? Yes  or No

UTILITY ACCOUNT NUMBER : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Account Number format is ## - ##### - ## and located in the bottom left corner of your bill)

NAME OF FINANCIAL INSTITUTION : \_\_\_\_\_

ACCOUNT HOLDERS NAME : \_\_\_\_\_

BANK ADDRESS : \_\_\_\_\_ CITY : \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

BANKING ROUTING NO. : \_\_\_\_\_  
(First set of numbers on the bottom of your check)

BANKING ACCOUNT NO. : \_\_\_\_\_  
(Second set of number on the bottom of your check)

Check one:                      Checking                       OR                      Savings

I hereby authorize the City of Bondurant, Polk County, Iowa, to initiate variable debit entries to my (our) checking / savings account indicated above and the above-named Bank to debit my (our) account. This authority will remain in effect until I notify the City of Bondurant, Polk County.

Also, I agree that I remain responsible to pay for utility services in the event that a charge to my account is dishonored, for whatever reason, and that the City of Bondurant, Polk County, Iowa retains its normal collection rights.

EFFECTIVE DATE : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

**Please complete this form and return to City of Bondurant :**

**Email :** info@cityofbondurant.com  
**Postal Address :**  
200 Second Street, NE, PO Box 37  
Bondurant, Iowa 50035