

To take advantage of this service simply fill out the attached form and return it to the city auditor with a deposit slip marked "VOID" from the account you would like your water bill paid from each month.



City of Garrison Automatic Payment Agreement

I hereby authorize the financial institution named below to pay my monthly City of Garrison water bill by charging my account for each payment. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my financial institution prior to charging my account. I understand, however, that both the financial institution and the City of Garrison reserve the right to terminate this payment plan, or my participation therein.

Tear off

Return this portion

Tear Off

City of Garrison Automatic Payment Plan

Authorization Form (please print)

I authorize the City of Garrison to initiate entries to my account indicated below for payment of my water bill. By making this authorization, I agree to all terms described above.

NAME (as it appears on the water bill)

NAME OF FINANCIAL INSTITUTION

TELEPHONE NUMBER

BANK ACCOUNT NUMBER

DATE

SIGNATURE

Please attach voided deposit slip