

**AUTOMATIC BILL PAYMENT REQUEST
FOR CITY OF BOONE WATER BILLS**

DATE: _____

NAME: _____ PHONE #: _____

PROPERTY
ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BANK NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BANK ACCOUNT #: _____

PLEASE CHECK ONE OF THE FOLLOWING:

CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____

LAST 4 DIGITS OF S.S.#: _____

I HEREBY AUTHORIZE UNTIL SUCH TIME AS I MAY CANCEL THIS AGREEMENT, THE CITY OF BOONE TO WITHDRAW MY WATER BILL AUTOMATICALLY FROM MY BANK ACCOUNT. IT IS UNDERSTOOD THAT IN CASE OF BILLING ERROR, ADJUSTMENT WILL BE MADE BETWEEN THE CITY OF BOONE AND MYSELF.

SIGNATURE: _____

PLEASE SUBMIT WITH THIS APPLICATION A VOIDED CHECK