



Name (Please Print) _____

Water Account Number _____ Date _____

To: _____ BANK

YOU ARE HEREBY AUTHORIZED, until further notice,
to pay the **DEPARTMENT OF UTILITIES, CITY OF BLAIR**,
the amount of water and sewer bill each month.

SIGNATURE _____

Address _____

Bank Account Number _____

Bank Routing Number _____

Withdrawn from: Checking _____ Savings _____

Effective Date _____

RETURN THIS FORM & A VOIDED CHECK TO:

CITY OF BLAIR
218 S 16TH ST
FAX 402-426-4195
BLAIR, NE 68008

Payment for water billing will be deducted from your checking/savings account on the 5th of each month. If the 5th falls on a Saturday or Sunday, the deduction will take place the following Monday. Deduction will never happen before the 5th of each month.

You will continue to receive your water bill for your records. On the bill will be imprinted ***BANK PAY*** in the upper right and lower left-hand corner of the bill

THIS FORM MUST BE RETURNED TO CITY HALL BY THE 20TH OF THE MONTH FOR BILL DUE ON THE 10TH OF THE FOLLOWING MONTH TO PROCESS AUTOMATIC WITHDRAWAL FROM YOUR CHECKING ACCOUNT.