



201 W. Main St. • P.O. Box 68 • Warsaw, Mo. 65355  
Phone: (660) 438-5522 Fax: (660) 438-7142

**AUTOMATIC UTILITY CHECKING ACCOUNT WITHDRAWAL APPLICATION**

*Please attach a copy of a voided check or deposit slip with application.*

**SERVICE INFORMATION:**

Name on Account: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Service Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**BANK INFORMATION:**

Financial Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

*I understand the city utility bill will be deducted from my account on, or about, the 15<sup>th</sup> of each month. This authorization will remain in full force until the City of Warsaw, or I, terminate this agreement in written notification 10 days prior to the due date.*

*I, the undersigned, authorize the **City of Warsaw** to debit my account monthly for the purpose of paying my City Utility Bill.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

**OFFICE STAFF ONLY:**

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_