



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

**AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS  
For the City Utility Bill**

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

**\*PLEASE ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT SLIP**

**SERVICE INFORMATION:**

Name that appears on Utility Bill: \_\_\_\_\_.

Utility Account # \_\_\_\_\_.

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_.

Service Address: \_\_\_\_\_.

Email Address: \_\_\_\_\_.

**BANK INFORMATION:**

Financial Institution: \_\_\_\_\_.

City, State, Zip: \_\_\_\_\_.

Phone: (    ) \_\_\_\_\_.

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

Routing # (1<sup>st</sup> nine numbers located bottom left corner of your check) \_\_\_\_\_.

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 due date.*

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

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

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

INTERNAL USE ONLY	
DATE RECEIVED: ____/____/____	PROCESSED BY: