

**CITY OF DONIPHAN**  
**CITY COLLECTOR & WATER OFFICE**  
**AUTHORIZATION FOR BANK DRAFT OF WATER BILL**

\_\_\_\_\_  
**Name on your Water Account**

\_\_\_\_\_  
**Your City account number**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**Daytime Telephone Number**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Financial Institution Name**

\_\_\_\_\_  
**Routing Number**

\_\_\_\_\_  
**Account Number**

\_\_\_\_\_  
**Checking/Savings**

I hereby authorize City of Doniphan Collector & Water Office to initiate monthly debits on or near the 10<sup>th</sup> of each month, beginning next month and continuing each month thereafter, for payment of my water, sewer, and trash services and for the financial institution specified by me to pay the amount from my checking or savings account. I understand that both the City of Doniphan Collector & Water Office and my financial institution reserve the right to terminate this payment plan or my participation therein. This authority is to remain in effect until revoked by the City of Doniphan Collector & Water Office, my financial institution, or myself in writing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States law.

\_\_\_\_\_  
**Account Holders Signature**

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

\_\_\_\_\_  
**City Collectors' Office Signature**

**This form of payment for your account is optional. If you would like to sign up for this payment plan, fill out the above portion and return it to our office along with a voided check. For savings accounts, please provide a copy of a statement to verify account numbers.**