



BUILDING A BETTER COMMUNITY TODAY
INCORPORATED CITY OF MANLY
P.O. BOX 516
MANLY IA 50456-0516

E-Billing Sign up Form

Account Holder Information

First Name: _____ Last Name: _____

Service Address: _____

Email Address: _____

Confirm Email Address: _____

Utility Account Number: _____

*****Disclaimer by electing E-Billing, I acknowledge that I will no longer receive a paper statement*****

Terms and Conditions

Effective immediately, I hereby authorize the city of Manly to notify me monthly of my water bill by use of "e-Bill Notification." The process will generate an email when my current bill is available for viewing. The current charges, usage, reading date and due date will be available and **this will be the only notification of billing I receive. If payment is not received by the due date, friendly reminders and shut-off notices will continue to be mailed to the address on file via the US Postal Service.**

I understand it is **my** responsibility to update my email and mailing address with the city whenever a change is made. Negligence on my part will in no way relieve me of the responsibility of paying the bill by the due date to avoid penalty and interest charges.

This authorization will be kept on file and remain in effect until the email address provided no longer accepts our e-Bills or the authorization is revoked by the account holder.

If you have any questions, please contact (641)454-3090

Signature

Date

Office Use: _____
Office Personnel

Date

City of Manly

PO Box 516, Manly, IA 50456
641-454-3090 Office

Automatic Bank Pay Enrollment

1. Complete and sign this form.
2. If you have multiple accounts with the City of Manly, there is no need to complete a separate form for each account unless you have different bank information. List all account numbers on the form; attach a second page if necessary.
3. **ATTACH A DEPOSIT SLIP OR VOIDED CHECK.**
4. **BILLS WILL BE DEDUCTED ON THE 15TH OF THE MONTH.**
5. Return this form to City of Manly or fax **641-454-3071**

Customer name: _____

Utility bill account number: _____

Service address: _____

Home phone: _____ Cell phone _____

Name(s) of bank account holder(s): _____

Name of bank/credit union: _____

City/State: _____

Bank/credit union routing number: _____

Bank/credit union account number: _____

Is this a checking or savings account?

Personal Checking

Personal Savings

Commercial Checking

Commercial Savings

I/we authorize City of Manly to deduct my/our monthly city utility bill from my/our checking or savings account. This authority will remain in effect until I/we notify the City of Manly or the financial institution in writing to cancel said agreement.

I/We agree that I/we will remain obligated to pay for utility services, finalized, active or charged off or in the event that charges to my/our bank account is dishonored, for whatever reason. The City of Manly retains its normal collection rights until all utility services are paid in full.

I have read the above and understand it fully.

Signature of bank account holder (required)

Date