



**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

## Customer Authorization to Initiate ACH Debit

I (we) hereby authorize \_\_\_\_\_ to make the following transfer of funds. I (we) acknowledge that the origination of ACH transactions from my (our) account must comply with the provision of U.S. law.

### Customer Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Debit Information

Debits for payment will occur on a recurring basis. These recurring debits will occur:

Frequency:  Monthly  Bi-Weekly  Weekly  Other \_\_\_\_\_

The date on which the first debit will occur will be:

Date Start: \_\_\_\_\_ and will occur in accordance with the frequency marked above.

The amount that will be debited in accordance with the above frequency will be:

Specific Amount: \$ \_\_\_\_\_  Amount Due as Indicated on Current Month Invoice

### Bank Information

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

### Disclosure Notice

This authorization will remain in effect until \_\_\_\_\_ receives written notification from me (us) requesting termination of the authorization agreement. To terminate this agreement, the request must be received \_\_\_\_\_ prior to scheduled debit date. The written notice must be mailed or delivered to \_\_\_\_\_

Company

Address

Please contact us at \_\_\_\_\_ with any questions you may have.

Authorization: By signing below, you authorize the described transfer and acknowledge receipt of a copy of the completed agreement. You also confirm that you have required authority to authorize the transfer.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date