

P.O. Box 744 153 West Main St. Eddyville, KY 42038

Phone: (270) 388-2226 Fax: (270) 388-5683

, ,				, ,	
account (select one) in	City of Eddyville Water Department to initidicated below and the depository financial ich account. I (we) acknowledge that the ions of U.S. law.	l institution named	below, hereinafte	er called DEPOS	SITORY, to
I understand that the amount debited may change from month to month based on water usage and I will be notified on the first of each month what the amount of my bill will be for that month. I further agree and understand that this amount will be debited from my checking or savings account on the 15 th day of each month. If the 15 th day of the month falls on a weekend, the transaction will occur on the next business day (Monday). If I feel there is any discrepancy in the billing amount, I must contact the Eddyville City Hall at (270) 388-2226 as soon as the billing statement is received so that a determination can be made as to the accuracy of the reading.					
assessed on my next m	ntain sufficient funds in the account to co onthly water bill and the debit service wil d after the end of the month, the water se	l be terminated with	nout further notic	e. If the balan	
I hereby authorize the City of Eddyville to make the deduction from my account with the following financial institution:					
	Bank Name			_	
	Address				
	City	State	Zip		
	Routing Transit Number				
	Account Number				
ATTACH A BLANK CHECK AND MARK VOID ACROSS IT					
This authority is to remain in full force and effect until City of Eddyville has received written notification from me (or either one of us) of its termination in such time and in such manner as to afford City of Eddyville and financial institution a reasonable opportunity to act on it.					
	Name(s) on Account				
	Account Number for water bill				
	Address				
	City	_ State	_ Zip		

Date

Signature