

Direct Payment Form

Bank Information (Name & Address)

Checking Account

Savings Account

Routing # _____ Account # _____

Personal Account

or

Business Account

Please pay and charge to my account all drafts by City of Durand to its own order, in payment of water & sewer billings, beginning _____

Frequency of payments are monthly.

This authorization will remain in effect until cancelled by me in writing, and until you actually receive such notice; I agree that you shall be fully protected in honoring any such draft.

I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me.

Date: _____

Utility Account Information

Acct # _____

Name: _____

Street Address: _____

Signature _____

Attach Voided Check