

INSTRUCTIONS TO ASSIST IN CORRECTLY COMPLETING THE BURLINGTON MUNICIPAL WATERWORKS AUTHORIZATION AGREEMENT FOR THE DIRECT PAYMENT PLAN

Thank you for your interest in the *Direct Payment Plan*. By completing the *Authorization Agreement for Direct Payment Plan* and returning it to our office, **along with a voided check**, you will authorize the Burlington Municipal Waterworks to electronically withdraw payment from your checking account for all charges shown on your water bill.

There are three series of numbers in the lower left hand corner of your checks. To assist you in completing the form, the following information concerning these three series of numbers can be found beginning in the lower left hand corner of your check:

- You will find a nine digit number between the symbols 1: and 1:. This is your bank routing number.
- Another series of numbers end with the symbol 11#. This is your checking account number.
- Another series of numbers is the check number. This number will be the same number as shown in the upper right hand corner of your check.

The image shows a sample check with the following details:

- Top right corner: 2400
- Below top right: 19 91-548/1221
- Pay to the order of: _____ \$ []
- Below pay to the order of: _____ DOLLARS
- FOR: _____
- Bottom left corner: 1: 221052781: (Routing Number)
- Bottom middle: 672430106811# (Account Number)
- Bottom right: 240011# (Check Number)

Below the check, three labels are positioned under the corresponding numbers:

- Routing Number
- Account Number
- Check Number

Carefully read, complete, sign and date the *Authorization Agreement for Direct Payment Plan*. Please return the agreement, **along with a voided check**, to the following address:

Burlington Municipal Waterworks
Attn: ACH
500 N. Third St.
Burlington, IA 52601

The date of the deduction will be the 20th day of the month in which the bill is due (shown under "DUE DATE" on the bill) or the next regular business day, if the 20th falls on a weekend or a banking holiday. You will continue to receive your water bill as normal, before the date of the deduction. The bill will continue to indicate the total amount due, but will show "DO NOT PAY" under "TOTAL AMOUNT DUE BY".

Should you have any questions, contact one of our Customer Service Representatives at (319) 754-6501.

**BURLINGTON MUNICIPAL WATERWORKS
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT PLAN
(ACH DEBITS)**

I hereby authorize the BURLINGTON MUNICIPAL WATERWORKS to deduct payment for all charges appearing on my water bill from my checking account at the depository financial institution named below, hereinafter called DEPOSITORY. This deduction will be withdrawn electronically. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

The date of the deduction will be the 20th day of the month in which the bill is due (shown under "DUE DATE" on the bill) or the next regular business day, if the 20th falls on a weekend or a banking holiday. You will continue to receive your water bill as normal, before the date of the deduction. The bill will continue to indicate the total amount due, but will show "DO NOT PAY" under "TOTAL AMOUNT DUE BY".

If any deduction is not honored by the depository, it will be treated as insufficient funds, and payment will be required by money order or cash for the full amount due, including the current service charge of the BURLINGTON MUNICIPAL WATERWORKS for returned checks. Failure to make said payment may result in disconnection of water service.

The BURLINGTON MUNICIPAL WATERWORKS reserves the right to discontinue the direct payment plan (ACH DEBITS) if any two deductions are not honored.

I may discontinue the direct payment plan (ACH DEBITS) by providing the BURLINGTON MUNICIPAL WATERWORKS with written notification of its termination at least thirty (30) days prior to the next scheduled bill.

Customer Name (as it appears on your bill)

Account Number (as it appears on bill)

Service Address

Phone Number

Billing Address (if different from above)

City State Zip

Customer Signature

Date

Depository Name (name of bank)

Bank Routing Number

Depository Location (city/state/zip)

Checking Account Number

For Office Use Only

Date Entered _____

Date Effective _____

Comment Code Entered

Pre-note Checked