

The City of Danville
Authorization For Direct Debit
For Water Services

I authorize the City of Danville to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my Checking or Savings account indicated below and the financial institution named below as water services bills are due.

Financial Institution _____

City _____ **State** _____ **Zip** _____

“Routing”/Transit/ABA NO. _____

Checking Acct. No. _____ **(or) Savings Acct. No.** _____

I understand that I am in full control of payments. I may discontinue enrollment at any time with written notice to the City of Danville. This authority is to remain in full force and effect until the City of Danville has received written notification from me of termination in such time and in such manner as to afford a reasonable opportunity to act on it. Both the City of Danville and the financial institution reserve the right to terminate this payment plan and/or my participation in it. I also agree to write the City of Danville if at any time I change financial institutions or decide to discontinue participation. I understand that I maintain responsibility for payments for services at all times.

Print Name _____

Mailing Address _____

Service Address _____

Date _____ **Signed** _____

Book _____ **Account** _____

Note: Please attach to this form a blank check (with the word “VOID” written on the front) and return to:

The City of Danville
PO Box 670
Danville, KY 40423
(859) 238-1200

