



Name (Please Print) _____

Water Account Number(s) _____

Date _____

Bank Name: _____

YOU(BANK) ARE HEREBY AUTHORIZED, until further notice,
to pay the **DEPARTMENT OF UTILITIES, CITY OF BLAIR,**
the amount of the water and sewer bill each month.

SIGNATURE _____

Address _____

Bank Account Number _____

Bank Routing Number _____

Withdrawn from: Checking _____ Savings _____

Effective Date _____

Email Address: _____ Phone #: _____

Paperless Bill: YES or NO

RETURN THIS FORM & A VOIDED CHECK TO:

CITY OF BLAIR
218 S 16TH ST
BLAIR, NE 68008
Water@blairne.gov

Payment for Utility billing will be deducted from your checking/savings account on the 9th of each month. If the 9th falls on a Saturday or Sunday, the deduction will take place the previous Friday.

This form must be returned to the City Hall by the last day of the month, for a bill due on the 10th of the following month, to process Automatic Withdrawal from your Checking/Savings Account.