

City of LeClaire

325 Wisconsin Street, LeClaire, IA 52753

(563)289-4242 ext. 1101

billing@leclaireiowa.gov



BILLING REQUEST – AUTOMATIC PAYMENT / E-BILL

BILLING ACCOUNT #

Name _____

Street Address _____

Email _____

SERVICES

___ Automatic Payment (ONLY)

___ Email Utility Bill (ONLY)

___ Automatic Payment & Bill Emailed

___ Updating Banking Information

* Please attach a Voided Deposit Slip (for savings) or a Voided Check (for checking) or a letter from your financial institution showing routing number and account number.

I hereby authorize City of LeClaire, LeClaire, Iowa, to initiate debit entries to my:

_____ **Checking Account**

_____ **Savings Account**

Indicate below the name of the depository financial institution, hereinafter called YOUR FINANCIAL INSTITUTION, and to make credit entries to the above account(s).

I acknowledge that the origination of ACH transactions to my account(s) must comply with the provisions of U.S. law.

(Your Financial Institution's Name)

(Routing Number)

(Customer Account Number)

Signature: _____

This authorization is to remain in full force and effect until the CITY OF LECLAIRE has received written notification from me of its termination that at such time the CITY OF LECLAIRE and FIRST CENTRAL STATE BANK has a reasonable opportunity to act on it.