

**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 (Check all that Apply)**

Email Utility Bill ONLY

ACH Signup ONLY (Automatic Payment)

Update Banking Information

Email & ACH Signup (Automatic Payment)

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.

\* 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.

\_\_\_\_\_  
**(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.