

City of Afton
115 E. Kansas, PO Box 199
Afton, IA 50830

Phone: 641-347-5224
Fax: 641-347-5297
E-Mail: aftonutilitybilling@gmail.com

APPLICATION FOR UTILITY SERVICE

APPLICANT: _____ Social Security No. _____

Primary Phone: _____ Secondary Phone: _____

Email Billing (paperless): **YES OR NO** Email: _____

Employer: _____ Work Phone: _____

Service Address: _____ Billing Address: _____

____ Owned ____ Rented If rented, landlord's name _____

Auto Pay from checking or savings: **YES OR NO** (If yes- Fill out back of application)

CO-APPLICANT _____ Social Security No., _____

Primary Phone: _____ Secondary Phone: _____

Employer: _____ Work Phone _____

I/We hereby apply for utility services for the service address listed above. I/We agree to pay all bills rendered by the utility for services received from the date of connection to the date service is disconnected. I/We further agree to give notice to the utility of my/our intent to discontinue service.

Signed: _____ Date: _____
Applicant

Signed: _____ Date: _____
Co-Applicant

Approved by: _____ Date: _____

Electric Deposit: \$ _____ Sewer Deposit: \$ _____ Receipt No. _____

Refund Date: _____ Check No.: _____

Exempt: _____ Credit Letter Received: _____ Payment Guaranteed: _____

GUARANTEE OF PAYMENT

Please be advised that should _____ fail to make payment to the City of Afton for utility service received and billed, I will make said payment.

Guarantor Name: _____ Signed: _____

Social Security No.: _____ Phone: _____ Secondary Phone _____

Address: _____

AUTHORIZATION FOR
AUTOMATIC (DIRECT) DEBIT

COMPANY NAME: City of Afton

I/We authorize City of Afton to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous debit entry to my/our account at the DEPOSITORY (identified as Bank Name below).

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ Checking _____ Savings _____

Frequency- Monthly (choose day of month): 10th _____ OR 20th _____ Start Month: _____

AMOUNT (choose one): Monthly Bill Amount OR Other \$ _____

I/We understand that this authorization replaces any previous authorization and will remain in full force and effect until City of Afton has received written notification from me (or either of us) of its termination in such time and in such manner as to afford City of Afton and DEPOSITORY a reasonable opportunity to act on it.

NAME (Print or Type): _____

Signature: _____ Date: _____

Cancel Authorization:

I/We hereby cancel my authorization for direct debit.

NAME (Print or Type): _____

Signature: _____ Date: _____

Below attach a voided check to the account in which you want your automatic debit.

The NACHA Operating Rules do not require the consumer's express authorization to initiate Reversing Entries to correct erroneous transaction. However, Originators should consider obtaining express authorization of debits or credits to correct errors.

Written credit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the time and manner state in the authorization. The reference to notification should be filled with a statement of the time and manner that notification must be given in order to provide company a reasonable opportunity to act on it (e.g., "in writing by mail to PO Box 199, Afton, IA 50830 that is received at least three (3) days prior to the proposed effective date of the termination of authorization").