Print Form

City of Mandan Water Department
205 2nd Avenue NW
Mandan, ND 58554
Phone (701) 667-3219, Fax (701) 667-3223
Email water@cityofmandan.com

Consent for Automatic Payment

By signing this consent agreement, the undersigned customer of the City of Mandan agrees to have his/her monthly municipal services bill deducted from his/her designated checking or savings account. Please complete this form, sign it, attach a voided check or deposit slip and return to the City of Mandan.

Name on Water Account:_____

Address where service provided:_____

Mailing Address
(if different from service address):_____

Email Address:_____

Water Billing Account Number:_____

Daytime Phone Number:_____

Cell Phone Number:_____

Name of Bank or Financial Institution:_____

Routing Number:_____

Account Number:_____

Deduct from ❑ Checking ❑ Savings

PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP

The City of Mandan may cancel this automatic payment agreement at any time. I consent to the City of Mandan billing my checking or savings account directly. If I wish to cancel automatic billing of my checking or savings account, I will notify the City of Mandan Water Department in writing at least two weeks prior to the next billing date. I understand that there will be a service charge for any payments returned as NSF, and I may be disqualified from the automatic billing plan.

NOTE: Checking/Savings withdrawal is 10 working days as of billing date.

Signature of Account Holder(s):

_____ Date:_____

_____ Date:_____