



BILL VIA E-MAIL FORM
(recommended but optional)

Address: _____ Utility Account # _____
(if you have an account number, otherwise N/A)

NAME: _____ EMAIL _____

SECOND EMAIL (If you prefer) _____

I request the City of Waverly to send my monthly Utility Bill to the E-mail address(es) listed above.
(signature & date at the bottom of this page)



ACH BILLING FORM
(recommended but optional)

ACH billings are processed on the 15th of each month. If the 15th falls on a weekend or a holiday they are posted on the next BANK business day following the 15th.

NAME: _____ Utility Account# _____

Address: _____

BANK INFORMATION: NAME: _____

BANK ACCOUNT NUMBER: _____

BANK ROUTING # _____ CHECKING SAVINGS

I request the City of Waverly to send my monthly utility bills via e-mail and/or process my monthly utility bill payments via a monthly ACH transfer, as outlined above.

Signature

Date