# City of Eldridge Autopay

## WELCOME TO AUTOPAY

By signing up for Autopay, your payments will be automatically withdrawn from your bank account.

You will continue to receive your monthly City of Eldridge utility bills. Once the service has been initiated, your bill will note that your current charges will be bank drafted. Your financial institution will automatically debit your account on the **due date** of the bill.

Please note, your application will be effective in the **next** billing cycle.  Any currently generated bill will still need to be paid as usual.

Simply fill out the application form and return it with a voided check that has your preprinted name or a bank letter on bank letterhead including your name, account number, and routing number to:

City of Eldridge
PO Box 375
Eldridge, IA 52748

You may also drop off your application at Eldridge City Hall, 305 N 3rd Street, or place your application in our utility drop box located south of the entrance to City Hall.

You may stop your participation in Autopay at any time by calling or writing our office at least one week prior to the bill due date.

If you move, your Autopay service will automatically stop after your final bill is paid. If you move to another location in Eldridge, you will need to sign up again to authorize Autopay from your bank account for the new service location.

If you have any questions or concerns, contact us by phone at (563) 285-4841, 8:00 am-4:30 pm Monday through Friday; or, e-mail utilitybilling@cityofeldridgeia.org.

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Customer Name: _____

Service Address: _____

Email Address: _____

Phone#: _____  Utility Account #: _____

Name of Financial Institution: _____

Financial Institution Routing #: _____  Bank Account #: _____

☐ Checking  ☐ Savings

I (we) authorize the City of Eldridge to initiate various debit entries to my (our) checking/savings account.  This authority will remain in full effect until I (we) notify the City of Eldridge to terminate the service.

Signature (s): _____  Date: _____

**Please provide a voided check preprinted with your name, financial institution's name, routing number, and account number.**

**Office Use Only**

Process Date: _____  By: _____