

NIXA UTILITIES
707 W CENTER CIR – physical address
PO BOX 395 – mailing address
NIXA, MO 65714
417-725-3229 PHONE 417-725-7132 FAX
UTILITYBILLING@NIXA.COM EMAIL



DEBIT AUTHORIZATION

I (we) hereby authorize the City of Nixa, hereinafter called the COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called the FINANCIAL INSTITUTION, to debit the same to such account.

This authorization is for the purpose of utilities and I understand that amounts may vary and authorize payments of amounts as indicated below. Any returned drafts will result in a \$25.00 fee.

Financial Institution Name

City/State

Routing Number – 1st set of numbers

Account Number – 2nd set of numbers

Type of Account ___ Checking ___ Savings

This authority is to remain in full force and effect until COMPANY has received notification of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. A deposit will need to be held on account if auto-draft is cancelled.

Name on utility account

Phone

Date

Signature of applicant

Address to which debit authorization should be applied:

Utility Account # to be drafted _____

EFFECTIVE BILLING CYCLE _____

- To be effective for the current billing cycle, debit authorization must be received no later than 6 days before billing date.
- Account will be drafted on the billing **DUE DATE** each month

*****PLEASE ATTACH A VOIDED CHECK*****