

Utility Service Application

City of Union, IA

Last Name _____ First Name _____

Move in Date _____ Spouse/Significant Other _____

Old Address _____

New Physical Address _____ RENT ___ OWN ___ (circle one)

PO Box # _____ Land Line Phone # _____ Cell Phone# _____

Email Address _____

I/We wish to sign up for automatic debit (ACH Debit) to pay for the utility bill. Yes No (circle one)

I/we wish to have the utility bill sent by way of email. Yes No (circle one)

Email address _____

I/we hereby authorize the City of Union to initiate debit entries to my/our account listed below. This authority is to remain in full force and effect until the City of Union has received written notification from me (or either owner of account) of its termination in such time and in such manner as to afford the City of Union and your depository a reasonable opportunity to act on it.

Bank Name _____ Checking _____ Savings _____

Bank Address _____

Transit/ABA Number _____ Account Number _____

This information is true and accurate. I hereby apply for utility services for the premises listed above beginning _____, 20____ pursuant to the rules of the utility. I agree to pay all bills rendered by the utility until I give notice to the utility to discontinue services. If account becomes delinquent, customer will be responsible for any collection costs with recovery of the debt.

Signed _____ Date: _____

City of Union

Deposit paid \$ _____ (rental=\$100/own=\$50) Check # _____ Cash _____

Meter reading _____ Meter Number _____

Route _____ Account number _____

Past account holder _____ Property owner _____