

DATE _____

BANK

BANK ADDRESS

_____ (Circle One) CHECKING SAVINGS

ACCOUNT NUMBER

The City of Ogallala is hereby authorized to pay to the City of Ogallala Water Department the amount of my bill as it becomes due. The receipted bill of the Water Department will be sufficient check against my account. This agreement may be cancelled with proper notification. It is understood that in case of billing error, adjustments may be made between the City of Ogallala Water Department and myself. If I have insufficient funds in my specified bank account to cover the total amount of water/sewer bill, I understand that I will be required to pay a \$20.00 City handling fee plus all bank charges and certified mail fees as incurred by the City of Ogallala. I will also be required to pay \$100.00 deposit for each insufficient funds occurrence, up to \$300.00 total.

Municipal Code Reference: Chapter 52

DEPOSITOR

SERVICE ADDRESS

CUSTOMER ID