

**City of Fayette Water/Sewer Utility Application**

PO Box 28, 11 S. Main St., Fayette, Iowa 52142

563-425-4316 [info@fayetteiowa.com](mailto:info@fayetteiowa.com) [www.fayetteiowa.com](http://www.fayetteiowa.com)

Current Date: \_\_\_\_\_ Move-In Date: \_\_\_\_\_

**Person responsible for bill and deposit (if required):**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver Lic. # & State: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: Fayette State: IA Zip Code: 52142

(If different then above)

Mailing Address/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I would like to receive my bills by e-mail:  by regular mail:

Check here if you would like to receive emails from Fayette City Hall on city announcements and events:

Buying:  Renting:  (If Renting, a \$150 Refundable Deposit is Required) Deposit Paid On: \_\_\_\_\_

Optional: If you would like another name on the account, please fill out the below information.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Driver Lic # & State: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Online Payment Password (must be at least 8 characters, only letters and numbers): \_\_\_\_\_

(If you would ever like to make a payment online, or view your account balance online, you will need to have a password)

I AGREE to pay for the applied services at either Fayette City Hall, online or by automatic bank withdrawals in accordance to the rules and regulations of the City of Fayette and that my services may be disconnected for non-payment.

I AGREE to pay for said service at the above-mentioned locations and I will give a written notice to terminate or change services.

I AGREE to allow access to the necessary metering and equipment as provided by law.

I AGREE that any deposits made with this application may be applied to any delinquency and will not be refunded until the entire balance owed on the account is paid in full.

I AGREE that any delinquent amount whether from a past account or current account is to be paid before services are connected at a new location.

I AGREE that if I am renting, leasing, subletting or buying a property on contract, the City of Fayette may release my name, address, phone number and current balance of my bill to the property owner, landlord and/or manager of the property that is being rented or leased.

I UNDERSTAND that the due date for the bill rendered is the 15<sup>th</sup> of the month and late charges will be applied if not paid by the due date.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name: \_\_\_\_\_

Office Use Only: Account #: \_\_\_\_\_  
Route #: \_\_\_\_\_

Meter Reading: \_\_\_\_\_  
Date Entered into System: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Meter Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Initials: \_\_\_\_\_

## City of Fayette Authorization Agreement for Direct Payments (ACH Debits) [Transfers from banks]

Automatic Bank Withdrawals (ACH Debits) will be processed on or near the 2<sup>nd</sup> Monday of the month for the total amount owed on your bill.

**Automatic Bank Withdrawal:**  No  Yes, fill out below

**Name on Account:** \_\_\_\_\_

**Bank/Credit Union Routing #:** \_\_\_\_\_ **Bank Account #:** \_\_\_\_\_

**Checking or Savings Account:** \_\_\_\_\_

**Name of Bank/Credit Union:** \_\_\_\_\_

**Mailing Address of Bank/Credit Union:** \_\_\_\_\_

I (we) hereby request and authorize the City of Fayette to initiate debit and credit entries to my (our) bank/credit union checking and/or savings account indicated above at the depository financial institution named above, hereinafter called DEPOSITORY, and to debit the same to such account. I understand that the lack of sufficient collected funds at the time the debit is presented to the bank, may cause the City of Fayette to revoke my privilege to this program. I agree that the City of Fayette's rights in respect to each check issued shall be the same as if it were a check drawn on the City and signed personally by me. This authorization is to remain in full force and effect until the City of Fayette has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Fayette and DEPOSITORY a reasonable opportunity to act on it. I further agree that if any such check dishonored, whether with or without cause and whether intentionally or inadvertently, the City of Fayette shall be under no liability even though such dishonor results in the forfeiture of utilities.

\_\_\_\_\_  
Signature of Payer as shown on Bank Account                      Date

\_\_\_\_\_  
Signature of Payer as shown on Bank Account                      Date

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Office Use Only:

Account #: \_\_\_\_\_ Meter Reading: \_\_\_\_\_ Date Meter Read: \_\_\_\_/\_\_\_\_/\_\_\_\_

Route #: \_\_\_\_\_ Date Entered into System: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Initials: \_\_\_\_\_