

# The City of Cedar Rapids Water Department

## The Check Free Payment Program

No More Check Writing!

No Due Dates to Worry About!

No Early Use of Your Money!

No More Postage Expense!

No More Late Fees!

### Enroll Now with The City Water Department Check Free

The Check Free Program is an electronic funds transfer program. With your authorization, your Municipal Utilities bill will be automatically deducted from your checking or savings account on the due date.

After signing up for the check-free program, you will continue to receive your Municipal Utilities bill every two months, but a statement on the bill will say: "**DO NOT PAY.**" THIS AMOUNT WILL BE DEDUCTED FROM YOUR ACCOUNT ON THE DUE DATE.

Many customers are enjoying the benefits of this easy and safe way of paying their Municipal Utilities bills! In order for us to validate and process your request, the form below must be completed and sent to the Cedar Rapids Water Department.

Please mail this completed form, along with a voided check for our records, to the Cedar Rapids Water Department, ATT: ACH, 1111 Shaver Rd NE, Cedar Rapids, IA 52402. The customer authorizing electronic withdrawal from a savings or checking account under his or her name must have a current water account with the same name. The customer is responsible for notifying the Water Department of account number changes or cancellations of the account.

**Water Department Account Number** \_\_\_\_\_

**I authorize the City of Cedar Rapids Water Department, hereinafter called Company, to initiate debit entries to my checking or savings account indicated below and the depository to deduct the same to such account.**

\*\*\* Please include a personalized voided check with this agreement form and mail to the Cedar Rapids Water Department, ATT: ACH, 1111 Shaver Rd NE, Cedar Rapids, IA 52402. \*\*\*

**Name of Financial Institution** \_\_\_\_\_

**Bank Account Number** \_\_\_\_\_

**Bank Routing Number** \_\_\_\_\_

**Type of Bank Account (check one)**

**Checking**

**Savings**

**Service Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

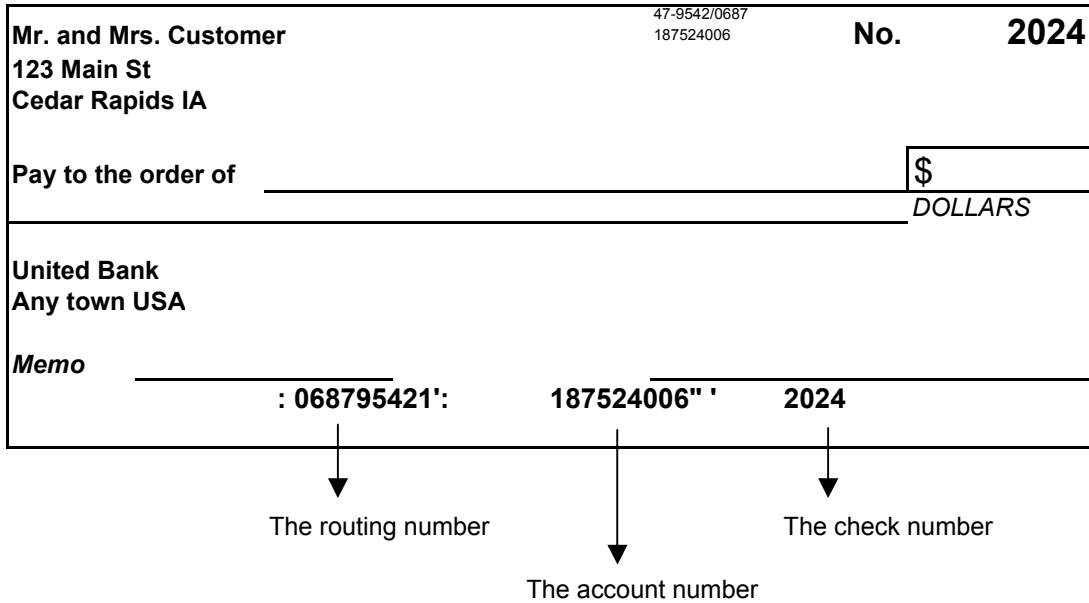
**Date** \_\_\_\_\_

**Authorized Name on Account** \_\_\_\_\_

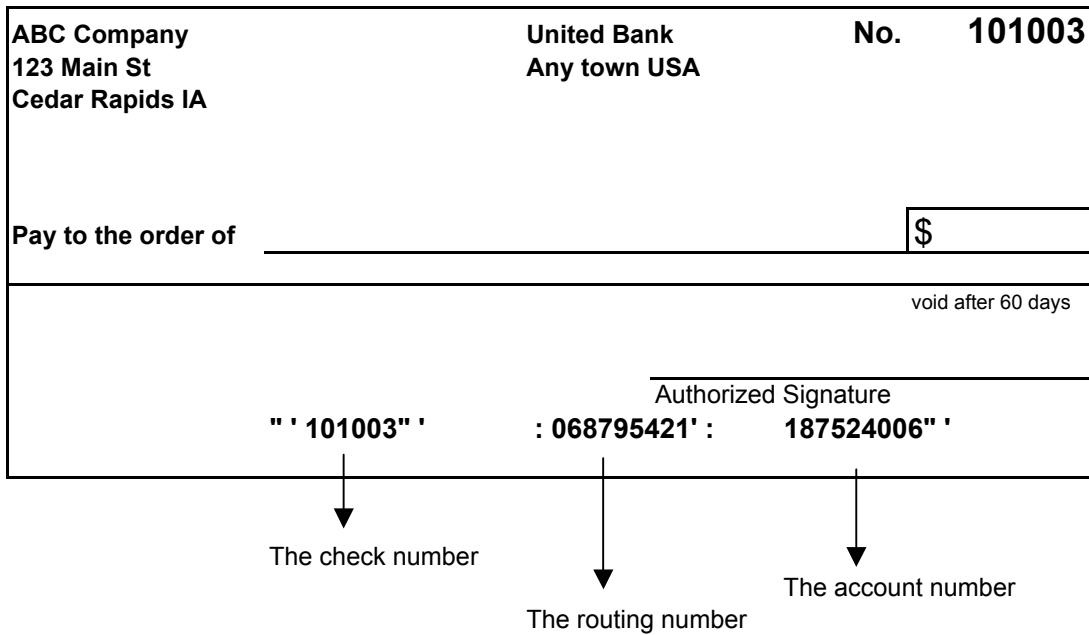
Thank you, we will process your request for Check Free Payment Program. Please allow up to 14 business days to process.

**Where is my routing and checking number on my check?  
Please see the references below.**

**"PERSONAL CHECK"**



**"BUSINESS CHECK"**



*\*\*Please note that business checks will typically change the order of the check, routing and account numbers at the bottom of the check. If you have any questions, please feel free to contact our Customer Service Water Department at 319-286-5900.*