

City of Jesup
Application for Water & Sewer Service

Property Address _____

Possession Date: _____

Rent Own

Name _____

SSN _____

Billing Address _____

Home Phone _____

Cell Phone _____

Moving From _____

Email _____

Employer _____

Receive bills via email? _____ Yes _____ No

Employer Address _____

Employer Phone _____

The undersigned makes application for water and sewer service and agrees to pay the established rates for such service, to the rules and regulations as set forth in the Code of Ordinances of the City of Jesup, Iowa, and to any general changes in the rules, regulations, or rates related to such service. This application becomes a contract when accepted by the City of Jesup.

Applicant Signature _____ Date _____

Accepted By _____ Date _____

Authorization Agreement for Direct Payments (ACH Debits)
THIS DOES NOT CARRY OVER FROM ONE ACCOUNT TO THE NEXT.

It needs to be filled out for each new account if you plan to have it set up for automatic payments.

I/we authorize the City of Jesup, Iowa, hereinafter called INITIATOR, to initiate debit entries to my/our account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

Type of Account Savings Checking

Depository Name _____

City _____ State _____ ZIP Code _____

Routing Number _____

Account Number _____

This authorization is to remain in full force and effect until INITIATOR has received written notification from me/us of its termination in such time and in such manner as to afford INITIATOR and DEPOSITORY a reasonable opportunity to act on it.

Applicant Signature _____ Date _____

Please Attach a Voided Check

Account: _____ **Deposit Amount** _____ **Date** _____ **Method of Payment** _____

Return to: Email: jesup1@jtt.net Fax: 319-827-3510 **Mail to:** 791 6th Street PO Box 592 Jesup, IA 50648