



## CITY OF BONNERS FERRY

7232 Main Street  
P.O. Box 149  
Bonners Ferry, Idaho 83805  
Phone: 208-267-3105 Fax: 208-267-4375

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### Automatic Withdrawal

Start     Change     Stop

Name \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

I understand that the total amount of my monthly City of Bonners Ferry utility bill will be automatically withdrawn from my bank account listed above, 10 days after the billing date listed on the statement. If there are not enough funds in my bank account there will be a \$15.00 non-sufficient funds fee charged to my utility account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date