



# CITY OF BONNERS FERRY

7323 Main St

PO Box 149

Bonnors Ferry, ID 83805

208-267-3105

[cityhall@bonnersferry.id.gov](mailto:cityhall@bonnersferry.id.gov)

## Automatic Withdrawal

\_\_\_ Start    \_\_\_ Change    \_\_\_ Stop

Name \_\_\_\_\_

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

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

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

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

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

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

Please attach a voided check.

I understand that the total amount of my monthly City of Bonners Ferry utility bill will be automatically withdrawn from my bank account listed above, on the 30<sup>th</sup> of the month. 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