



CITY OF BONNERS FERRY

7232 Main St

PO Box 149

Bonnors Ferry, ID 83805

208-267-3105

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I understand that the total amount of my monthly City of Bonners Ferry utility bill will be automatically withdrawn from my bank account listed above, on the 30th of the month.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