



City of Union, Missouri

10 E. LOCUST ST.
UNION, MO 63084
636-583-3600 FAX 636-583-4091
utilityclerk@unionmissouri.gov

DIRECT PAYMENT AUTHORIZATION FORM

ACCOUNT HOLDER _____

WATER ACCOUNT NUMBER _____

SERVICE ADDRESS _____

PHONE NUMBER _____

FINANCIAL INSTITUTION NAME _____

BANK ACCOUNT NUMBER _____

ROUTING NUMBER _____

I hereby request and authorize the financial institution named to pay my monthly City of Union Water bill by charging each payment to the account specified by me. I agree that each payment shall be the same as if it were a check or withdrawal personally signed and authorized by me. This authority is to remain in effect until revoked by me in writing. I understand that both the City of Union Water Department and the financial institution named reserve the right to terminate this payment plan or my participation therein.

Signature _____ Date _____

Attach voided check or proof of account ownership below: