Administrative Offices 102 E. Valley Drive PO Box 1177 Linn Creek, MO 65052 www.linncreekmo.com



Jeff Davis, Mayor Samantha E. Skidmore, City Clerk 573-346-6200 573-346-5867 linncreek@lc-cg.org

Automatic Bank Draft Authorization

In addition to this form, a voided check is required.

	WATER AND/OR SEWER ACCOUNT	TODAY'S DATE	
RMATION	NAME	EMAIL ADDRESS	
REQUIRED INFORMATION	ROUTING NUMBER	ACCOUNT NUMBER	
REQUI	SERVICE ADDRESS		
	IEREBY AUTHORIZE THE CITY OF LINN CREEK TO DEDUCT FUNDS FROM THE ACCOUNT DICATED ABOVE ON THE 10 th OF EACH MONTH (OR FOLLOWING BUSINESS DAY IF THE 10 th LLS ON A WEEKEND OR HOLIDAY) FOR PAYMENT OF MY MONTHLY WATER AND/OR SEWELL. THIS ALSO INCLUDES MY AUTHORIZATION FOR THE CITY OF LINN CREEK TO REVERSE AND ITRIES THAT WERE MADE IN ERROR.		
SIGNATURE	I UNDERSTAND THAT BOTH THE CITY OF LINN CREEK AND MY FINANCIAL INSTITUTION RESERVE THE RIGHT TO TERMINATE THIS PAYMENT PLAN OR MY PARTICIPATION THERIEN. I MAY ONLY STOP AUTOMATIC BANK DRAFT SERVICE BY NOTIFYING THE CITY OF LINN CREEK IN WRITING. I FURTHER UNDERSTAND THAT IF THREE PAYMENTS IN ANY TWELVE-MONTH PERIOD ARE		
	RETURNED DUE TO INSUFFICIENT FUNDS, MY PARTICIPTAION IN THE AUTOMATIC BANK DRAFT PROGRAM MAY BE AUTOMATICALLY CANCELLED.		
	SIGNATURE		

Please submit this completed form with a voided check at City Hall or send both documents to linncreek@lc-cg.org.