



City of Strafford

126 S. Washington - P.O. Box 66 • Strafford, Missouri 65757 • Phone: 417-736-2154
 Fax: 417-736-2390

ACH BANK WITHDRAW

Many residents have been inquiring about ACH Bank Withdraw, if you would like the City of Strafford to automatically withdraw funds from your account for your water/sewer/trash bill, please fill out the following information, along with a "VOIDED CHECK" and return to us.

Bank Name: _____

Bank Routing # _____

Bank Account # _____

Type of Account

Pre-Authorization Checking

Pre-Authorization Savings

Pre-Authorization Financial

Institution

Checking

Savings

Financial Institution

Name _____

Address _____

City, State Zip _____

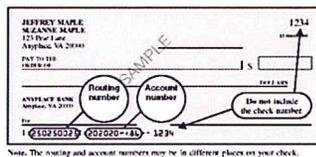
Account # _____

Phone # _____

E-mail _____

Thank you,

Diane McWhorter
 Utility Clerk
 City of Strafford



City of Strafford

City Hall
 P.O. Box 66
 126 S. Washington
 Strafford, MO 65757
 Phone: 417-736-2154
 Fax: 417-736-2390

Account Number: _____

Service Dates: _____ Billing Date: _____
 Service Address: _____ Date Due: BY THE 15TH OF THE MONTH

| | | | | | |
|--------------|------------------|------------------|---------------------|-----------------|-----------|
| Service Code | Prepaid Standing | Prepaid Standing | Current Consumption | Current Charges | Total Due |
| | | | | | |

Amount Due this billing period

PREVIOUS BALANCE or PENALTY FEE OR SERVICE CHARGE

TOTAL AMOUNT NOW DUE

PREVIOUS BALANCE OF _____ MUST BE PAID BY YOUR BILL ON _____ TO AVOID SERVICE INTERRUPTION. DISREGARD IF PAYMENT MADE.

PLEASE RETURN THIS SLIP WITH YOUR PAYMENT - MAKE CHECKS PAYABLE TO City of Strafford

| Account Number | Due Date | Balance Forward | Amount Due | Amount Enclosed |
|----------------|----------|-----------------|------------|-----------------|
| XXXXXX | | | | |

Account Name: _____

City of Strafford
 P.O. Box 66
 Strafford, MO 65757

Service Address: _____

Billing Date: _____
 Amount Due: \$ _____
 After the 15th: _____
 Interception Date: _____