

City of Waldport

P.O. Box 1120
Waldport, Oregon
Phone: (541)264-7417 Fax: (541)264-7418

APPLICATION FOR DIRECT PAYMENT OF WATER/SEWER BILLING

Name _____ Acct # _____

Property Address _____

Mailing Address _____

City, State, Zip _____

Phone # _____

Please read the following:

Bills will continue to be mailed and will not be marked paid.
Payments will be transferred on or around the 15th of the month.
Insufficient funds will be charged accordingly.
Please keep a signed copy of this form for your records.

I hereby authorize the City of Waldport to debit my account for water and/or sewer services until written notification to terminate is given.

Customer Signature

Date

This direct deposit will go into effect _____

Please attach a voided check here.