



City of Little Falls

CUSTOMER DEBIT AUTHORIZATION

Please complete the following to enroll in automated bill payment for your City of Little Falls Water/Sewer utility billing:

Name _____

Account Number _____

Service Address _____

Mailing Address _____

Phone # _____

Email _____

Please deduct my automated bill payment from my account:

Name of Bank _____

Bank's Routing # _____

Account # _____ Checking _____ Savings _____

I authorize the City of Little Falls to deduct my utility payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify the City of Little Falls by email at watersewer@cityoflittlefalls.net or in writing to: City of Little Falls Water/Sewer Department, 659 E Main Street, Little Falls, NY, 13365.

Signature: _____

Date: _____

Please enclose a voided check or savings deposit slip with this form to the City Treasurer's Office.