

ROUTING

City of Herculaneum Direct Pay Enrollment, Change or Cancel Form

Complete this form then mail to:

City of Herculaneum

Water Dept

1 Parkwood Court

Herculaneum, MO 63048

Please indicate if you are a new enrollee, need to make changes or want to cancel your enrollment. Please

enere	New	Changes	Cancel	
*Required information City Utility account numb	er: *			
Name: *				
Service address: *				
City: *		State:*	Zip code: *	
Phone (with area code):	•	Alternate P	hone:	
Email Address:				
Financial Account Inform	ation			
Financial Institution Name	e: *			
Financial Routing Number	r: *			
Financial Account Numbe	er: *			
Financial Account Type:	* Checking	Saving	5	
	Check	Examples for Financial A	Account Information	
Personal Chec	sk .		usiness Check	1
701 107-108 100-100	· · ·	1025	on Gong Halfrighton, N.C.	ON
- Control		NAMES OF SOUTH		- \$
32517OB22, ***	000000000000000000000000000000000000000	AM (00)	•	

Funds will be withdrawn from your account on the 20th of each month or the next business day after the 20th of the month.

Customer Signature: _____

CHECK NUMBER

ACCOUNT