

Authorization Agreement for Water Bill Round Up



1. I authorize the City of Emporia to round up my water bill to the next whole dollar amount and donate the additional funds collected to Friends of the Animal Shelter.
2. I understand that in order to withdraw from the Round Up program, I must provide written notice to the City. Once the City receives notice, I will be withdrawn from the program the following month.
3. I understand that the City of Emporia reserves the right to terminate this plan and/or my participation therein at any time.
4. If my account is ever in arrears, I may be withdrawn from the plan.

Date: _____

Account Number: _____

Name: _____

Address: _____

Phone Number: _____

Signature _____ Date _____

E-mail to: utilities@emporiaks.gov

Fax to: (620) 343-5668

Drop Box: 104 East 5th Street, South Parking Lot

Mail to: Water Department, P.O. BOX 928, Emporia, Kansas 66801