



CITY OF VINCENT  
PO BOX 298  
VINCENT, IA 50594  
Office: 515-356-4365  
Fax: 515-356-2199  
www.cityofvincent.org  
cityofvincent@wccta.net

### Municipal Utility Services Application

**Full Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
*Last First M.I.*

**Social Security No.:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
*Last First M.I.*

**Social Security No.:** \_\_\_\_\_

**Own** YES  NO  **Rent** YES  NO  **Name of Landlord** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

**Billing Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

**Previous Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

*Over please →*

**Email Address:** \_\_\_\_\_

**Email Billing Invoice**  YES  NO

**Start Service Date:** \_\_\_\_\_

**Date of Final Bill (previous Address):** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

I (We) hereby apply for utility services for the premises listed above pursuant to the rules of the utilities. I acknowledge that all statements given above are honest and accurate to the best of my knowledge. I agree to pay for all bills utilities provided to me by the City of Vincent. If I fail to pay bills on a timely basis, I understand that utility services may be discontinued. I understand the deposit made with this application will be retained by the City of Vincent. I further agree to give prior notice to the City of Vincent of my intent to discontinue utility services and agree to pay my final bill promptly and in full. I understand that I will not be allowed utility service at a new Vincent address if I am delinquent at a previous Vincent address until the previous bill is paid in full.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deposit paid: \$** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

Should you have questions about the utility service, please call City Hall at 515-356-4365. A copy of the utility's ordinances (operating rules) are available for inspection in our office. The rules are subject to change from time to time. Matters pertaining to rates are under the exclusive jurisdiction of the Vincent City Council.

**AUTHORIZATION AGREEMENTS FOR  
PREAUTHORIZED PAYMENTS**

**Automatic Utility Billing**

|   |
|---|
| City of Vincent<br>PO Box 298 Vincent, IA 50594<br>515-356-4365 |
|---|

**Customer Name(s):** \_\_\_\_\_ **Utility Account #** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

I (we) hereby authorize City of Vincent, hereinafter called Company, to initiate debit entries to my (our) Checking or Savings account at the financial institution named below, hereinafter called Depository, for payment of utility bills and if necessary, to initiate credit entries and adjustments for any debit entries in error to my account at the Depository. The draft will be made monthly on the due date listed on the bill or the first business day following the due date. I (we) understand that I am responsible to verify the entries were properly made to my account. In the event of an error, I (we) will contact the Company as soon as possible.

| <b>Depository Information</b>     |                             |
|-----------------------------------|-----------------------------|
| Account Type:                     | Bank Name: _____            |
| Checking <input type="checkbox"/> | City, State & Zip: _____    |
| Savings <input type="checkbox"/>  | Routing / ABA Number: _____ |
|                                   | Account Number: _____       |
|                                   | Account Name: _____         |

**PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT NUMBER VERIFICATION**

| <b>Transaction Information</b>  |   |
|---|---|
| Effective Date: _____   | Frequency: <input type="checkbox"/> Monthly – <i>Due date on bill</i> |
| Amount: <input type="checkbox"/> Billed Amount or <input type="checkbox"/> Other Amount: \$ _____ |   |

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination at least 3 business days prior to the effective date so to afford Company and First State Bank a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to City Hall  
Please attach a voided check for bank and account number verification.**

**\*THERE IS A \$1 PROCESS FEE CHARGED EACH MONTH FOR THIS SERVICE\***

| <b>Termination of Agreement</b>  |                  |             |
|--|------------------|-------------|
| Effective _____, I (we) request the above ACH transaction for automatic utility billing to City of Vincent be cancelled. |                  |             |
| Name: _____  | Signature: _____ | Date: _____ |

## EYE ON WATER SIGN UP

Customer name and account ID wishing to receive Eye on Water:

Name: \_\_\_\_\_ Account ID: \_\_\_\_\_

There will be \$1 monthly service fee added onto your water bill each month.

By \_\_\_\_\_  
(Customer signature)

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## EYE ON WATER SIGN UP

Visit <https://eyeonwater.com/signup>

Enter zip code: 50594

Enter billing account number

Enter e-mail address

Create and confirm a password

You will get e-mailed a confirmation from BEACON. Verify your e-mail address by clicking the link. Once you do, you can sign in using your email and password.



**Make Payments Simply.**  
Haga Pagos de Manera Simple

**24 hours a day, 7 days a week**  
24 horas al día, 7 días a la semana

**[www.GovPayNow.com](http://www.GovPayNow.com)**  
**1-(888) 604-7888**

**GovPayNet accepts the following credit, debit & prepaid debit card brands (or any combination):**  
GovPayNet acepta las siguientes tarjetas de crédito, débito y prepago (o cualquier combinación de las mismas):



**A service fee is charged for the transaction.**  
Se cobrará un cargo por servicio correspondiente a la transacción.

**To find your Pay Location Code<sup>SM</sup> #, go to:**  
**[www.GovPayNow.com](http://www.GovPayNow.com)**  
Usted podrá encontrar su Pay Location Code<sup>SM</sup>