

CITY OF PRIMGHAR
AUTHORIZATION AGREEMENT FOR DIRECT UTILITY PAYMENTS
(ACH DEBITS)

The following information is kept confidential and is not Public Record

I/We hereby authorize the City of Primghar, Iowa, to initiate debit entries to My /our () checking or () savings account indicated below at the depository financial institution named below, and to debit the same to such account.

Depository Information:

BANK NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

Amount of Payment: Monthly Utility Bill

Automatic payments to begin on: _____ **10, 20** _____
and to be made on the 10th of each month thereafter.

I authorize the City of Primghar to automatically withdraw my balance due for my utility account from my financial institution. Please attach a **voided check** for the account from which you want the withdrawals. As stated above, this will be withdrawn on the 10th of the month, unless the 10th falls on a weekend or holiday, then it will be the next business day.

NAME(S) _____

SIGNED _____ DATE _____

SIGNED _____ DATE _____

DISCONTINUE AUTOMATIC PAYMENT:

This authorization is to remain in full force and effect until City of Primghar has received written notification from me/us of its termination in such time and in such manner as to afford City of Primghar and my financial institution a reasonable time to act on it.

I hereby authorize THE CITY OF PRIMGHAR to discontinue automatic withdraws starting _____

Authorizing signature: _____ *DATE* _____

ATTACH VOIDED CHECK HERE:

For Office Use Only~
Customer's Account Number _____

Received by _____ Discontinued on _____