

CITY OF HOSPERS
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 Hospers, 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 _____

Please attach voided check below or have City Clerk make a copy of your check for our files.

Automatic payments to begin on: _____ 10, 20_____.

This authorization is to remain in effect until written notification of termination has been received
& such time and manner as to allow the City a reasonable opportunity to act on it. Debits will occur
on the 10th of each month or the first business day after the 10th of the month.

NAME(s) _____

SIGNED _____ DATE _____

SIGNED _____ DATE _____

DISCONTINUE AUTOMATIC PAYMENT:

I hereby authorize the City of Hospers, Iowa to discontinue automatic withdraws starting

Date _____ Authorized Signature _____

ATTACH VOID CHECK HERE:

For Office Use Only: Customer's Account # _____ Received by _____

Setup Date _____ Discontinued on _____