

**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 clerk make a copy.**

**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 for the City a reasonable opportunity to act on it.

NAME(S)  
\_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**DISCONTINUE AUTOMATIC PAYMENT:**

*I hereby authorize THE CITY OF HOSPERS to discontinue automatic withdraws starting* \_\_\_\_\_

*Authorizing signature:* \_\_\_\_\_ *DATE* \_\_\_\_\_

**ATTACH VOIDED CHECK HERE:**

For Office Use Only:

Customer's Account # \_\_\_\_\_ Received by \_\_\_\_\_ Setup Date \_\_\_\_\_

Discontinued on \_\_\_\_\_