

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 NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

Please attach voided check below or have clerk make a copy.

Automatic payments to be processed on:

() 3rd of the month () 10th of the month () 25th of the month

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 _____

DICONTINUE AUTOMATIC

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

Authorizing signature: _____ DATE _____

ATTACH VOIDED CHECK HERE:

For Office Use Only~
Start Up:
Customer s Account Number _____ Deposit Recorded in Master _____

Received by _____ Discontinued on _____ Removed from Master On _____