

City of Auburn

209 Pine Street

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Auburn, IA 51433

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Email: tnuckolls@auburnia.net

Website: www.AuburnIowa.Net

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Customer Name _____ Utility Account #: _____

I (we) hereby authorize the City of Auburn to initiate debit entries to my (our) ____ checking _____ savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

I (we) authorize ACH transaction to occur on the 20th of each month.

Depository Name _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

PLEASE ATTACHED A VOIDED CHECK

This authority is to remain in full force and effect until the City of Auburn has received written notification from me (or either of us) of its termination in such time and in such manner as to afford City of Auburn and Iowa Savings Bank a reasonable opportunity to act on it.

Signature _____ Signature _____

Name _____ Name _____
Print Print

Phone _____ Phone _____

Date _____ Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. ALL INFORMATION ABOVE WILL REMAIN CONFIDENTIAL AND NOT SUBJECT TO OPEN RECORDS LAWS.