



Authorization Agreement for
Direct Payment of Your Utility Bills (ACH)
City of Belle Plaine, Iowa

I (we) hereby authorize the City of Belle Plaine, Iowa to initiate debit entries to my (our) checking account for payment of utility bills the **15th of each month** to the depository bank indicated below.

Name on Account _____

Your Address _____

Please check one: Checking _____ Savings _____

Depository Name & City (your bank):

State and Zip code where your depository (bank) is located:

Bank Routing Number: _____

Bank Account Number: _____

This authorization is to remain in full force and effect until the City of Belle Plaine, Iowa has received written notification from me (either of us) of its termination ten days (10 days) prior to the date of termination. **I understand that charges will be assessed for insufficient funds (same as a returned check)**

Printed Name(s): _____

Social Security Number or Tax ID# _____

Signed: _____ Date: _____

ATTACH VOIDED CHECK WHEN RETURNING FORM

For Office Use Only:

Belle Plaine Billing Account #: _____