

Authorization Agreement For Direct Payments VIA ACH

Property account number _____

Mail Bill: Yes or No

Name on account _____

Email Address: _____

Company: City of Eagle Grove
 210 E Broadway Eagle Grove, IA 50533

I (we) authorize _____, hereinafter called COMPANY, to electronically debit my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account / Savings Account (select one) at the depository financial institution named below, hereinafter called DEPOSITORY. **I (we) acknowledge that ACH transactions to my (our) account must comply with all applicable law.**

****Payments are taken out two (2) business days BEFORE the 15th.**

Depository Name: _____

City: _____ State: _____ Zip: _____

Routing #: _____ Account #: _____

Amount of debit(s) or method of determining amount of debit(s): **total amount of utility bill**

Date(s) and/or frequency of debit(s): **Monthly**

Effective Date: _____

I (we) understand that this authorization will remain in full force and effect until I (we) notify **IN WRITING** that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 2 BUSINESS DAYS prior notice in order to cancel this authorization. I (we) understand there will be a monthly processing fee with each transaction (\$1.30).

Name(s): _____ Phone: _____

Signed: _____ Date: _____

Please attach voided check

For Office use only

Date received _____

Received by; _____

Entered into acct: _____