



CITY HALL
407 8TH ST. SE
ALTOONA, IA 50009
Phone: 515-967-5136
Fax: 515-967-0842

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Customer Information:

Customer Name _____ **Today's Date** _____

Address _____ **Phone** _____

Utility Account Number _____ **New Draft** **Change Draft**

Bank Information:

Bank Name _____ **Effective Date** _____

Routing Number _____ **Account Number** _____

Please attach a voided check below Type of Account: Checking Savings

- Bills are processed and mailed on the 15th day of the month.
- Automatic payments will be presented to your bank on the 25th day of each month, or next business day if the 25th falls on a weekend or holiday.
- I (we) remain obligated to pay for utility services in the event that a charge to my account is dishonored, for whatever reason, and that the CITY OF ALTOONA retains its normal collection rights.
- This authority will remain in effect until I (we) notify the CITY OF ALTOONA in writing to cancel it in such a time as to afford the CITY OF ALTOONA a reasonable opportunity to act.
- I (we) hereby authorize the CITY OF ALTOONA to initiate the debit entries to my (our) checking or savings account indicated above and the above named Bank to debit my (our) account on the 25th day of each month. I understand this is for my (our) monthly utility bill only.

Customer Signature _____

(Attach a voided check here)