



CITY HALL  
407 8<sup>th</sup> 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 15<sup>th</sup> day of the month.
- Automatic payments will be presented to your bank on the 3<sup>rd</sup> day of each month, or next business day if the 3<sup>rd</sup> 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 3<sup>rd</sup> day of each month. I understand this is for my (our) monthly utility bill only.

**Customer Signature** \_\_\_\_\_

(Attach a voided check here)