

City of Fontanelle
313 Washington ♦ P.O. Box 128
Fontanelle Iowa 50846
641-745-3961 ♦ Fax 641-745-8722
Email fontanellecit@iowatelecom.net

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

Customer Name _____

Utility Account#: _____

I hereby authorize the City of Fontanelle 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. The authorization is for a variable amount to be charged to my account monthly for the monthly utility bill presented by the City of Fontanelle. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law and NACHA rules.

I (we) authorize ACH transaction to occur on or near the 11th of each month.

Depository Name _____

Depository Address _____

Routing Number _____

Account Number _____

This authority is to remain in full force and effect until the City of Fontanelle has received written notification to 313 Washington St, Fontanelle, IA 50846, from me of its termination at least 5 business days ahead of the effective date of the transaction.

Signature _____

Name _____

Print

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 THE INFORMATION ABOVE WILL REMAIN CONFIDENTIAL AND NOT SUBJECT TO OPEN RECORDS LAWS.