

**City of Fontanelle**  
313 Washington ♦ P.O. Box 128  
Fontanelle Iowa 50846  
641-745-3961 ♦ Fax 641-745-8722  
Email [fontanellecity@iowatelecom.net](mailto:fontanellecity@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. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

I (we) authorize ACH transaction to occur on or near the 11<sup>th</sup> 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 notification from me of its termination in such time and in such manner as to afford City of Fontanelle and 1st National Bank a reasonable opportunity to act on it.

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