

Authorization Agreement for Preauthorized Transactions

City of Camanche
P O Box 77
Camanche, IA 52730

Utility Account # _____

I, the undersigned, hereby authorize the City of Camanche to initiate withdrawals from my checking/savings account for utility payments. If necessary, credit entries may be made to adjust for any transaction errors. The account information and bank information, hereinafter called Depository, is listed below.

Name of Bank: _____ (Depository Bank)

City: _____ State: _____ Zip Code: _____

Bank Routing Number: _____ (nine digit number shown at the bottom of check, to the left)

Account Number: _____ (the middle group of the numbers at the bottom of each check)

Circle: Checking Account Savings Account

This authorization is to remain in full force and effect until the City of Camanche and Depository Bank have received written notification from me of its termination. Notification must be received in such time and in such manner as to allow the City of Camanche and Depository Bank a reasonable opportunity to act on the notice. Any authorized transaction that is returned to the City of Camanche as a Non-Sufficient Funds will be charged a \$2.00 fee.

I have attached a voided check for the purpose of verifying the Bank Routing Number and Account Number information, as indicated above.

Signed: _____

Printed Name: _____

Date of Signature: _____

Phone Number: _____