



**AUTHORIZATION FOR DIRECT
PAYMENT AUTOMATIC BILL PAYMENT**

Company Name City of Dallas Center (the "COMPANY")

I (we) hereby authorize the COMPANY, to initiate variable entries to my (our) account described below:

Checking Account No. _____ Savings Account No. _____

Financial Institution's Name _____

Financial Institution's Address _____

Attach a voided check or savings deposit slip (below). Provide the financial institution's routing number
_____ (first 9 numbers from left on bottom of your check).

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either one of us) of its termination in such time and manner as to afford the COMPANY a reasonable opportunity to act on it.

Full Name _____

Address _____

Date _____ Telephone No. _____

Billing Account No. _____

Signature _____

Attach Voided Check or Savings Deposit Slip Here

Detach below for your records

On (Date) _____ I authorized (Company Name _____, Address _____, Phone _____ to initiate electronic entries to my checking/savings account and agreed to the terms listed on the authorization form, for payment of _____. Initial payment amount \$ _____. To cancel write to: *City of Dallas Center, PO Box 396, Dallas Center, IA 50063.*

You will receive your water bill at the first of the month as usual. The *amount due* will be deducted from the above assigned account on the 15th of each month.

CITY HALL