

**AUTHORIZATION AGREEMENTS FOR
PREAUTHORIZED PAYMENTS**

Automatic Utility Billing

City of Vincent PO Box 298 Vincent, IA 50594 515-356-4365

Customer Name(s): _____ **Utility Account #** _____

Property Address: _____

I (we) hereby authorize City of Vincent, hereinafter called Company, to initiate debit entries to my (our) Checking or Savings account at the financial institution named below, hereinafter called Depository, for payment of utility bills and if necessary, to initiate credit entries and adjustments for any debit entries in error to my account at the Depository. The draft will be made monthly on the due date listed on the bill or the first business day following the due date. I (we) understand that I am responsible to verify the entries were properly made to my account. In the event of an error, I (we) will contact the Company as soon as possible.

Depository Information	
Account Type:	Bank Name: _____
Checking <input type="checkbox"/>	City, State & Zip: _____
Savings <input type="checkbox"/>	Routing / ABA Number: _____
	Account Number: _____
	Name(s) on Account: _____

PLEASE ATTACH A VOIDED CHECK FOR ACCOUNT NUMBER VERIFICATION

Transaction Information	
Effective Date: _____	Frequency: <input type="checkbox"/> Monthly – <i>Due date on bill</i>
Amount: <input type="checkbox"/> Billed Amount <i>or</i> <input type="checkbox"/> Other Amount: \$ _____	

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination at least 3 business days prior to the effective date so to afford Company and First State Bank a reasonable opportunity to act on it.

Signature: _____ Date: _____

Signature: _____ Date: _____

***Please return this form to City Hall
Please attach a voided check for bank and account number verification.***

****THERE IS A \$1 PROCESS FEE CHARGED EACH MONTH FOR THIS SERVICE****

Termination of Agreement		
Effective _____, I (we) request the above ACH transaction for automatic utility billing to City of Vincent be cancelled.		
Name: _____	Signature: _____	Date: _____