



**AUTHORIZATION AGREEMENT  
PREAUTHORIZED UTILITY PAYMENTS  
(ACH DEBITS)**

WATER ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

I hereby authorize the City of Oelwein to initiate debit entries to my checking/savings account indicated below and the depository named below, hereinafter called the DEPOSITORY, to debit such account on or about the tenth (10<sup>th</sup>) of each month. Authorization must be received by the fifteenth (15<sup>th</sup>) of any month to guarantee such withdraw to start the following month. Any ACH returned by a Depository will be considered unpaid and will accrue additional charges.

**DEPOSITORY (BANK) NAME:** \_\_\_\_\_

**TRANSIT/ABA NUMBER – 9 DIGITS:** \_ \_ \_ \_ \_

**CUSTOMER'S BANK ACCOUNT NUMBER:** \_\_\_\_\_

\_\_\_\_\_ **CHECKING**

\_\_\_\_\_ **SAVINGS**

This authority is to remain in full force and effect until the City of Oelwein has received **written** notification from me of its termination. Notification must be received by the fifteenth (15<sup>th</sup>) of any month to stop the debiting for the following month, as to afford the City of Oelwein a reasonable opportunity to act on it. The City of Oelwein reserves the right to cancel this agreement at any time.

**DATE** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PLEASE ENCLOSE A VOIDED CHECK.**