



AUTHORIZATION AGREEMENT FOR ACH DEBITS

I (we) hereby authorize the City of Peosta hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

DEPOSITORY (Bank) NAME _____

CITY _____ STATE _____ ZIP _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

Please indicate whether this is a checking or savings account

CHECKING ACCOUNT _____ SAVINGS ACCOUNT _____

I authorize the City of Peosta and the financial institution named here to initiate designated entries to my checking/savings account. This authority will remain in effect until I notify the City of Peosta in writing to cancel it in such time as to afford the City of Peosta a reasonable opportunity to act on it.

Also, I agree that I remain obligated to pay the City of Peosta a \$25 fee in the event that a charge to my account is dishonored, for whatever reason.

NAME(S) _____ DATE _____

SIGNED _____ SIGNED _____

Please provide us with your email address below if you would like to receive your Utility Bill electronically

EMAIL ADDRESS _____

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE CITY OF PEOSTA
WITH A VOIDED CHECK.**