



AUTHORIZATION AGREEMENT FOR ACH DEBITS

Utility Account Number: _____

Name on Utility Account: _____

Utility Service Address: _____

Phone Number: _____ Email: _____

I (we) hereby authorize THE CITY OF EAST DUBUQUE to initiate debit entries to my (our)

checking savings account (select one)

at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account.

Depository name: _____

City / State / Zip: _____

Routing Number: _____ Account Number _____

This authorization is to remain in full force and effective until COMPANY has received written notification from me (either of us) of termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Date: _____

Signature: _____

I authorize COMPANY and DEPOSITORY to initiate designated entries to my checking/savings account. This authority will remain in effect until I notify COMPANY or DEPOSITORY in writing to cancel in such time as to afford the COMPANY reasonable opportunity to act.

Also, I agree that I remain obligated to pay COMPANY in the event that a charge to my account is dishonored for whatever reason.

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE COMPANY WITH A DEPOSIT SLIP OR VOIDED CHECK.