

CITY OF POLK CITY

Authorization for Direct Payments (ACH Debits)

I (we) hereby authorize The City of Polk City, hereinafter called THE CITY, to initiate debit entries to my (our) account indicated below at the depository financial institution hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

NAME OF BANK _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT/ABA # _____ ACCOUNT # _____
(ROUTING)

(Mark one) CHECKING _____ OR SAVINGS ACCOUNT _____

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

NAME (S) _____ WATER ACCOUNT # _____
(Please Print)

EMAIL ADDRESS: _____

ADDRESS: _____ PHONE # _____

DATE: _____

SIGNATURE: _____

HOW WOULD YOU LIKE TO RECEIVE YOUR WATER BILL? (Check one)

BY E-MAIL _____ OR BY REGULAR MAIL _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.