

CITY OF RUTHVEN

Automatic Bill Payment Form

Authorization Agreement

I hereby authorize the City of Ruthven to initiate variable debit entries to my account at the financial institution named below for payment of my monthly water bill. I will continue to receive a monthly bill. The bill will state in the middle far right "Paid by Bank Draft". The amount of my bill will be deducted from my account on the 13th of the month. (If that day should fall on a weekend or holiday, the deduction will be processed on the following business day.) Please continue to pay your bill by check until it states on the bottom of your bill, "Paid by Bank Draft".

It is also understood that I agree to be bound by the operating rules and guidelines of the National Automated Clearing House Association and shall have rights set forth here with respect to all entries initiated by the City of Ruthven pursuant to this agreement.

It is understood that this agreement may be terminated by me (or either of us) by written or verbal notice to the City of Ruthven. This notice must be received by the 10th of the month to prevent a bank draft that month.

Bank Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking  Savings

Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Water Account Information

Water Account Number(s): \_\_\_\_\_

Name (as it appears on water bill) \_\_\_\_\_

Complete this form and mail along with your voided check.

Mail to: City of Ruthven
P.O. Box 160
Ruthven, IA 51358

----- Staple voided check here -----