CITY OF STANWOOD

209 E. BROADWAY PO BOX 146

STANWOOD, IA 52337

P: 563-942-3340 E- stanwood@netins.net

ACH PAYMENT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC CLEARING HOUSE (ACH) DEBIT FOR UTILITY BILLING

I, (We) hereby authorize City of Stanwood (hereinafter called City) to initiate appropriate ACH entries and, if necessary, adjustments for entries made in error, to my (our) account(s) indicated below and the depository(s) named below to credit and/or debit the same such accounts. This authorization shall remain in effect until City has received written notification from either party of its termination in such time and in such manner as to afford City and depository(s) a reasonable opportunity to act upon said termination request. City may cancel this agreement at any time upon written notification to City's customer.

Account Title Name: _____ Bank Name: _____

Account Number: _____ Routing #: _____

Checking _____ Savings_____

Bank Address: _____ Bank Phone: _____

Authorized Signature: _____

Address: _____ Phone #: _____

The utility payment shall be posted on the 20th of each month or the following business day, should this be a non-banking business day, and shall begin on _____ ___, _____ or as soon as possible after City has received this form properly completed and signed.

Please attach a voided check from the above account(s).

Signature: _____ Date: _____

City representative: _____ Date: _____

A copy of this completed form is to be provided to all parties concerned

Official Use

TAKEN BY: _____ ENTRY DATE: _____ ENTERED BY: _____