

CITY OF SPILLVILLE

Automatic Bill Payment Form

Authorization Agreement

I hereby authorize the **City of Spillville** 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 amount of my bill will be deducted from my account on the 20th of the month. (If that day should fall on a weekend or holiday, the deduction will be processed on the previous or following business day.)

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 Spillville** pursuant to this agreement.

It is understood that this agreement may be terminated by either party by written notice. 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

Name (as it appears on water bill) _____

Complete this form and mail along with your voided check.

Mail to: City of Spillville

P.O. Box 276

Spillville, IA 52168

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