CONSUMER
AUTHORIZATION FOR DIRECT PAYMENT VIA ACH
(ACH DEBITS)

I (we) authorize <u>City of Duncombe</u>, (COMPANY) to electronically debit my (our)
☐ Checking Account OR ☐ Savings Account (select one) indicated below at the depository
financial institution named below, hereafter called DEPOSITORY, (and to credit the same to such
account to correct erroneous debits.) I (we) acknowledge that the origination of ACH transactions to
my (our) account must comply with the provisions of the law.

Bank/Depository Name_____

Routing number_____ Account Number_____

Date(s) and/or frequency of debit(s): 15th of each month. If the 15th falls on a non-banking day,
debits will be done on the next banking day.

I (we) understand that this authorization is to remain in full force and effect until I (we) notify
COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that
COMPANY requires at least 7 days prior written notice in order to cancel this authorization.
Please send any written notices to City of Duncombe, 421 Main, Box 38, Duncombe, IA 50532.

Name(s)_____

Date_____ Signature(s)_____

Utility Account Address:_____

Please attach a voided check here. A deposit slip is NOT acceptable.