

City Of Fort Calhoun

Utility Bill ACH Payment Form

I (we) hereby authorize City of Fort Calhoun, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for utility payments. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**You will still receive a monthly bill showing the amount due. Your account will be debited on the 25th of each month.*

(Financial Institution Name)

(Branch-City, State, Zip)

(Routing Number)

(Account Number)

Type of Acct: ___Checking ___Savings

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

(Print Individual Name)

(Utility Account Number)

(Phone Number)

(Date)

(Signature)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM