

CITY OF DAKOTA CITY

26 5th Street South
Phone 515-332-3083

P.O. Box 427
FAX: 515-332-1364

Dakota City, Iowa 50529

UTILITY BILLING BANK PAY (ACH) APPLICATION

CUSTOMER INFORMATION:

Name: _____

Address: _____

Phone Number: _____

FINANCIAL INSTITUTION:

Financial Institution Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

ACCOUNT INFORMATION:

_____ Checking Account (Copy of voided check required)

_____ Savings Account

Account Number: _____

Routing Number: (First nine digits along bottom of check) _____

I hereby understand and acknowledge the following statements:

The amount of my Dakota City Water & Sewer utilities bill will vary per billing period based on actual usage and rates. I will continue to receive billing statements reflecting the amount to be withdrawn from the account listed above. Payments will be withdrawn on the 3rd of the month. If the 3rd falls on a weekend or bank holiday, the withdrawal will occur on the next business day.

The City of Dakota City has the right to cancel this agreement and charge a non-sufficient funds fee of \$30.00 if the account listed above does not contain sufficient funds for a scheduled payment. I authorize The City of Dakota City to initiate entries to my account at the financial institution listed above and authorize the financial institution to debit my account for the described entries. I acknowledge that origination of ACH transactions to my account must comply with provision of US law.

This authorization will remain in full force and effect until the City of Dakota City has received written termination of this authorization at least two weeks prior to the next scheduled payment.

SIGNATURE: _____

DATE: _____