

(Office Use Only) Account# _____

Start ACH Date: _____

Completed by: _____

End ACH Date: _____

Completed by: _____

**City of George - Direct Debit Authorization Agreement
UTILITY CUSTOMER INFORMATION**

NAME:		PHONE:
ADDRESS FOR SERVICE:		PO BOX:
CITY: GEORGE	STATE: IA	ZIP: 51237

I authorize the City of George and Security Savings Bank of George, Iowa to initiate debit entries to pay my City of George utility bill. The amount of debit will be determined by the monthly utility amount mailed to customer around the 15th of each month. I understand the debit will be processed on the same day new bills are made but will not be deducted from my banking account until the 25th of each month.

This authorization is to remain in full force and effect until (1) The City of George has received written notice to cancel the direct debit (2) The City of George terminates agreement for consistent misuse by patron. Please provide a blank voided check or copy of a check for verification.

A charge of \$30.00 will be assessed for NSF account.

BANK INFORMATION

BANK NAME:		
ADDRESS:		PHONE:
CITY:	STATE:	ZIP:

ACCOUNT INFORMATION

NAME(S) AS THEY APPEAR ON BANK ACCOUNT:		
TYPE OF ACCOUNT: (CIRCLE ONE)	CHECKING	SAVINGS
TRANSIT ROUTING NUMBER: <small>(NINE DIGIT NUMBER LOCATED AT BOTTOM LEFT HAND CORNER OF CHECK)</small>		
BANK ACCOUNT NUMBER:		

The undersigned hereby agrees to comply with the rules and regulations of the City of George.

SIGNATURE:	DATE:
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