AUTHORIZATION FOR DIRECT PAYMENT (ACH DEBIT) OF UTILITY ACCOUNT

Name _____ Utility Account Number _____

I hereby authorize the City of Holton to initiate a monthly debit in the amount of my City of Holton utility bill beginning _____ to my account indicated below and the financial institution named below to debit the same to such account:

Select One: New Enrollment Account Change Effective Date _____

Financial Institution/Account Distribution Data:

Financial Institution _____
Bank Routing Number _____ ○ Checking ○ Savings
Account Number _____

I understand that my account will be debited on approximately the 5th of each month.

This authority is to remain in full force and effect until City of Holton has received written notification from me of its termination, in such time and in such manner as to afford the City of Holton a reasonable time to act on it. I recognize that I must notify the City of Holton of any change in banks or accounts to insure proper and timely withdrawal from my account 10 days prior to the agreed upon monthly transaction date.

_____ _____
Signature Date

If authorizing a checking account, attach a copy of a voided check to the completed form. If authorizing a savings account, attach a copy of a deposit slip to the completed form. Written notification of this information may also be accepted from your financial institution.

CANCELLATION

I hereby cancel the authorization for the City of Holton to initiate a monthly debit in the amount of my City of Holton utility bill from my checking/savings account effective _____.

_____ _____
Signature Date