



UTILITY BILLING AUTOMATIC WITHDRAWAL AUTHORIZATION

601 2nd Street
Griswold, IA 51535
Phone: 712-778-2615
Fax: 712-778-2619
griscity@netins.net

Name: _____ Water/Sewer Account #: _____

Address: _____

Phone Number: _____ Effective Date: _____

Automatic withdrawal will occur on the tenth day of the month unless it falls on a weekend, then it will be withdrawn on the following business day. I hereby authorize the City of Griswold to withdrawal my monthly utility bill amount from the following financial institution:

Please complete the following ACH (Auto Withdrawal) Information:

Financial Institution/Bank Name _____

Address: _____

Phone Number: _____

Routing # _____ Savings Account

Account # _____ Checking Account

(Please attach a copy of a voided check if available.)

Authorization is hereby granted for automatic monthly payment of my utility bill through the following named financial institution. This authority is to remain in full force and effect until the City of Griswold has received written notification from undersigned party of its termination in such time and manner as to afford the City of Griswold and financial institution a reasonable opportunity to act on it. I (we) acknowledge that the origination of the bank draft transactions to my (our) account must comply with the provisions of the U.S. Law.

This authorization is valid until otherwise noted.

Signature: _____ Date: _____

Signature: _____ Date: _____