CITY OF LECLAIRE
AUTHORIZATION FOR PAYMENT

I hereby authorize City of LeClaire, LeClaire, Iowa, to initiate debit entries to my: (select one)

_____ Checking Account _____ Savings Account

Indicate below the name of the depository financial institution, hereinafter called YOUR FINANCIAL INSTITUTION, and to make credit entries to the above account(s).

I acknowledge that the origination of ACH transactions to my account(s) must comply with the provisions of U.S. law.

_____
(Your Financial Institution's Name)

_____
(City, State) (Zip) (Phone)

_____ _____
(Routing Number) (Customer Account Number)

This authorization is to remain in full force and effect until the CITY OF LECLAIRE has received written notification from me of its termination that at such time the CITY OF LECLAIRE and FIRST CENTRAL STATE BANK has a reasonable opportunity to act on it.

_____ _____
(Print Individual Name) (Signature)

_____
(Date)

_____
(City of LeClaire Utility Account Number)

* Please attach a Voided Deposit Slip (for savings) or a Voided Check (for checking).

* Please STOP my Auto Withdrawal – Effective Date_____

Note: Written debit authorization must provide that the customer may revoke the authorization only by notifying the City of LeClaire in the manner specified in the authorization.

Please email my utility bill. ____ ____ Email Address:_____
Yes No