AUTHORIZATION FOR AUTOMATIC WITHDRAWAL/PAYMENT

Customer Name _____

Utility Account Number _____

I hereby request the City of Sigourney to initiate a monthly debit entry in the amount of the balance due per my utility account with the City of Sigourney.

The information of the account to be debited is as follows:

Bank Name _____

Bank City _____

Bank Transit / ABA No. _____ Account No. _____

This is to remain in full force and effect until the City of Sigourney has received written notification from me of its termination in such time and in such manner as to afford the City of Sigourney as reasonable opportunity to act on it.