

City of McCallsburg

425 Main Street McCallsburg, Iowa 50154

UTILITY SERVICES AUTO PAYMENT REQUEST FORM

All information on this sheet is keep confidential.

Date: _____

Account #: _____

Name: _____

Phone #: _____

Property Address _____

City _____

State _____

Zip Code _____

Type of Account: Checking _____

Savings _____

Name of Bank: _____

Account Number: _____

Routing Number: _____

Attach a Voided Check: _____

I HEREBY AUTHORIZE UNTIL SUCH TIME AS I MAY CANCEL THIS AGREEMENT, THE CITY OF MCCALLSBURG TO WITHDRAW MY UTILITY BILL AUTOMATICALLY FORM MY BANK ACCOUNT.

Signature: _____