



AGREEMENT FOR PREAUTHORIZED PAYMENTS

To sign up for AUTOMATIC WITHDRAWAL, please complete the form below and attach a copy of a **VOIDED CHECK** from your financial institution. Please mail or bring the completed form to City Hall, 310 Mill Street, PO BOX 160, Van Meter, IA 50261.

- ☐ I (we) hereby authorize the CITY OF VAN METER to initiate debit entries to my (our) checking account indicated below and the depository name below, hereinafter called DEPOSITORY, to debit the same to such account.

BANK NAME _____

CITY _____ **STATE** _____ **ZIP CODE** _____

ROUTING # _____ **ACCOUNT #** _____

Transit ABA (Routing) Number is the first set of nine (9) numbers from the left bottom of your check.

This authority is to remain in full force and effect until the City of Van Meter and Depository have received written notification from me (us) of its termination in such time and in such a manner as to afford the City of Van Meter and Depository a reasonable opportunity to act on it.

- ☐ I (we) hereby authorize the CITY OF VAN METER to provide billing statements electronically via email.

PREFERRED EMAIL _____

SERVICE ADDRESS _____

NAME(S) (PRINT) _____

SIGNATURE _____

DATE _____

You will receive your water bill on or near the first of the month. If you choose AutoPay, the amount due will be deducted from the above assigned account on the 15th of each month.