



ACCOUNT # _____

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

To sign up for AUTOMATIC WITHDRAWAL, please complete the form below and mail or bring to City Hall along with a VOIDED CHECK from your financial institution.

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

BANK NAME _____

CITY _____ STATE _____ ZIP _____

TRANSIT ABA NO. _____ ACCOUNT NO. _____
(Transit ABA Number is the first 9 numbers from left on bottom of your check)

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

NAME(s) *(print)* _____

SOCIAL SECURITY # _____

SIGNATURE _____

DATE _____

**** You will receive your water bill on the first of the month as usual. The amount due will be deducted from the above assigned account of the 20th of each month.****