CITY OF SWISHER, IOWA
AUTHORIZATION AGEREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)

An updated Utility Application must be submitted prior to enrolling

I (we) hereby authorize the City of Swisher, Iowa, hereinafter called CITY, to initiate debit entries to my (our) Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Type of Account: [ ] Checking Account (attach a Voided Check) [ ] Savings Account

Depository Name: _____ **Branch:** _____

City: _____ **State:** _____ **Zip:** _____

Account Number: _____ **Routing Number:** _____

Name(s) on Account: _____
(Please print)

I (we) understand that the regularly scheduled debit for the balance of my(our) utility account will occur on the 20th of each month. Should the 20th fall on a Saturday, Sunday or Federal Holiday, the debit will occur on the next banking date. I (we) understand that this authorization will remain in full force and effect until the CITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on notification. I (we) further understand that any ACH transaction not honored by my (our) DEPOSITORY shall be treated in the same manner as an NSF transaction.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____
(If joint account)

******ATTACH A VOIDED CHECK HERE******

Complete & return this form along with an updated Utility Application and your voided check.

Mail to: City of Swisher
66 2nd Street SW
Swisher, IA 52338
OR
Place into drop box located in the City Hall entrance door.

For Office Use Only

Form Received by: _____ Date: _____

Utility Account #: _____ Updated on: _____ By: _____