



AUTHORIZATION FOR PREAUTHORIZED PAYMENTS

I/We authorize the CITY OF SHEFFIELD to initiate debit entries to my/our account at the bank listed below, for the purpose of accomplishing the following preauthorized payments:

WATER-SEWER UTILITY BILL PAYMENTS

AMOUNT:

An amount which may vary.

*I have the right to receive notice at least 10 days in advance of the due date of any payment of a varying amount.

Monthly – payment in full will be deducted from the bank on the 12th or the next banking day following the 12th of each month.

BANK INFORMATION

Bank Name: _____

Branch: _____

Bank Address: _____

City, State, Zip: _____

Bank Phone Number: _____

Bank Routing Number: _____

Checking Account Number _____

*Please include a void check or deposit slip

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We understand that this authorization will remain in full force and effect until the termination date stated above or until the CITY OF SHEFFIELD has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the CITY OF SHEFFIELD and the UNITED BANK & TRUST a reasonable opportunity to act on it.

CUSTOMER INFORMATION

Name: _____ Phone Number: _____

Address (Service Location): _____ Sheffield, Iowa 50475

City Utility Bill Account Number: _____

Date Effective: _____

Signature

Date

City Use Only: Date Received _____ Received By _____

Mayor: Scott Sanders
Council: Brad Mulford, James Robbins, Nick Wilson, Dave Smit, Jill Peterson

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