The following is the procedure for AUTOMATIC WITHDRAWAL for payment of your City of Elkader water bill.

You will receive your bill in a printed statement in the mail or by email, whichever you choose. There will be a notation "Direct Debit Plan-Do Not Pay" on the statement. This reflects the fact that your payment will be drawn automatically from your bank account on the 15th of the month. DO NOT SEND US A CHECK FOR PAYMENT.

Fill out and sign the *Authorization Agreement for Direct Payments (ACH Debits).* Be sure to include a current voided check for the account to be used. This information needs to be completed and returned to us at City Hall before we can begin the automatic payment process. Please notify us BEFORE you close your account, change banks or make any other changes that would affect payment.

We will withdraw payment for your water bill on the 15th of each month. If the 15th falls on a holiday or weekend, the transaction will be completed on the first business day after the 15th. This process will continue each month until you contact us to terminate this option.

If you should have any questions regarding the automatic payment plan, please call Amie at City Hall, 245-2098.

City of Elkader Authorization Agreement for Direct Payments (ACH Debits)

I hereby authorize the City of Elkader, hereinafter called COMPANY, to initiate debit entries to my CHECKING account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

DEPOSITORY (Bank) Name: _____ Branch _____

Address: _____

City: _____ State:_____ Zip: _____ Phone: _____

Routing No. **|:**_____**|:** Account No. _____

For monthly city Utility Bill beginning _____, 20 _____

This authorization is to remain in full force and effect until written notification from either party of its termination is on file. Notification shall be in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

UB Account No: _____ Account Address: _____

Account Name: _____

Mailing Address: _____

City: _____ State:_____ Zip: _____ Phone: _____

Name (please print): _____

Date: _____ Signature: _____

NOTE: All written authorizations must provide that receiver may revoke authorization only by notifying originator in the manner specified in the authorization.

For city use: Bank Pay tab: *ACH account confirmed:*

Attach voided check here:

Revised: September 2015