

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENT OF MONTHLY MUNICIPAL UTILITY BILLS

With the automatic payment plan, your payments are made directly to us monthly by your financial institution. All you need to do is give us some information, and we will do the rest. *You will continue to receive a monthly bill*, but we will automatically handle your payment through your financial institution. The amount of your bill will be deducted from your account on the **bill due date**.

To sign up for this **FREE SERVICE**, please fill out the form and return it with your personalized voided check or photo copy of your check.

O N E	SECTION ONE: Customer Information
	ACCOUNT NAME _____
	ACCOUNT # _____ - _____ TELEPHONE # _____
	E-MAIL _____
	SERVICE ADDRESS _____
	CITY _____ STATE _____ ZIP _____

T W O	SECTION TWO: Financial Institution Information
	I hereby authorize the City of Dubuque to initiate debit entries to my checking or savings account indicated below and the Financial Institution named below, to debit same to such account for payment of monthly municipal utility bills.
	FINANCIAL INSTITUTION _____
	CITY _____ STATE _____ ZIP _____
	TRANSIT / ABA # (see below) _____ TELEPHONE # _____
	ACCOUNT NUMBER _____ <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

JANE DOE or JOHN DOE
 123 ANYSTREET DRIVE NW
 DUBUQUE, IA 52001 **32614**

Pay to the Order of _____ \$ _____
 _____ Dollars

BANK OF DUBUQUE, IOWA
 Dubuque, Iowa 52001

For _____

1:538246314: 739620775 32614

Please attach a voided check for checking accounts or a deposit slip for savings accounts. If deposit slip is not available, proof of account number (i.e. membership card) is acceptable. Your account will be debited on the date the bill is due.

TRANSIT/ABA NUMBER ACCOUNT NUMBER

T H R E E	SECTION THREE: Customer Authorization
	This authority is to remain in full force and effect until the City of Dubuque and the Financial Institution have received written notification from me of its termination in such time and in such manner as to afford the City and Financial Institution a reasonable opportunity to act on it. I agree that I am obligated to the City for utility services and insufficient funds charges in the event that a charge to my account is dishonored, for whatever reason, and the City retains its normal collection rights.
	SIGNED APPROVAL _____ DATE _____

F O U R	Complete this form and return to: City of Dubuque Utility Billing 50 West 13 th Street Dubuque, IA 52001 Phone: 563-589-4144 Fax: 563-690-6688
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For Office Use Only	
_____ Route	
_____ Date received	_____ By
_____ Date entered	_____ By