



THE CITY OF  
**DAVENPORT**  
IOWA | USA

## Authorization for Direct Debit Automatic Bill Payment

I (we) hereby authorize CITY OF DAVENPORT, hereinafter called "COMPANY", to initiate electronic debit entries to my (our) account indicated below. The amount and date of the automatic debit shall be the amount due and due date listed on the Company's quarterly or monthly bill.

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

### BANKING INFORMATION

Account Type (Select One) ☐ CHECKING ☐ SAVINGS ☐ BUSINESS

Financial Institution Name \_\_\_\_\_

Financial Institution City, State, and Zip \_\_\_\_\_

Name(s) on Account \_\_\_\_\_

Account Number \_\_\_\_\_

9- Digit Routing Number \_\_\_\_\_

### UTILITY ACCOUNT INFORMATION

Name on Account \_\_\_\_\_

Account Number \_\_\_\_\_

Customer Number \_\_\_\_\_

Address \_\_\_\_\_

**I am an authorized signer, or otherwise have the authority to act on the account identified in this statement. I attest that the above account information is correct and agree to enter into the ACH debit on behalf of said company, and that the signature below is my own proper signature.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

For verification purposes, please include a voided check.