

CITY OF LE MARS AUTO-PAY AUTHORIZATION AGREEMENT

NAME(S) (please print)

UTILITY ADDRESS _____

CITY, STATE, ZIP _____

YOUR TELEPHONE NUMBER (_____)_____

UTILITY ACCOUNT NUMBER _____ (see Water Bill for account number)

BANK NAME

_____ ADDRESS _____

BANK CITY, STATE, ZIP

BANK BRANCH TELEPHONE NUMBER (_____)_____

FINANCIAL INSTITUTION ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

Please check one

CHECKING __ SAVINGS __

I hereby authorize City of Le Mars to initiate debit/credit entries and adjustments to my bank account as shown above for water, sewer, and garbage fees until revoked by me in writing to

City of Le Mars
40 Central Avenue SE
Le Mars, Iowa 51031.

I understand that I must contact City of Le Mars concerning bill discrepancies prior to the scheduled draft date (25th of each month). City of Le Mars will have thirty (30) days to change my billing.

I understand City of Le Mars reserves the right to terminate my participation in the AUTO-PAY plan. I understand that City of Le Mars may impose a nominal processing fee if a bill is not paid by my financial institution.

Signature _____ Date _____

Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK.