



# City of Aplington

409 10<sup>th</sup> Street, PO Box 308  
Aplington, IA 50604

## Automatic Debit Agreement Form

### Authorization Agreement

I hereby authorize **City of Aplington** to initiate automatic debit from my account at the financial institution named below for the City of Aplington utility bill, which includes electric, water, sewer, and/or garbage. I understand the amount of the bill will be debited on the 1<sup>st</sup> of each month.

Further, I agree not to hold **City of Aplington** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in debiting funds from my account.

This agreement will remain in effect until **City of Aplington** receives a written notice of cancellation from me or my financial institution, or until I submit a new automatic debit form.

### Bank Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

Checking

Savings

### Utility Account Information

Name on Utility Account: \_\_\_\_\_

Service Address: \_\_\_\_\_

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

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check and return this form to the City of Aplington.**