



THE CITY OF

BELLE PLAINE

Debit Authorization

I (we) hereby authorize the City of Belle Plaine to initiate debit entries to my (our) account indicated below for my (our) monthly water bill. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Type of Acct: ___ Checking ___ Savings

I (we) authorize the City of Belle Plaine to debit the above account every month starting on _____. (Payment will be taken out of accounts on the 15th of each month.) This authority is to remain in full force and effect until the City of Belle Plaine has received written notification from me (or either of us) of its termination in such time and manner as to afford the City of Belle Plaine a reasonable opportunity to act on it.

(Print Individual Name)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM