

AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWS (ACH DEBITS)

OSCEOLA WATER WORKS

208 W. JEFFERSON ST.

OSCEOLA, IA 50213

I, \_\_\_\_\_, authorize Osceola Water Works to initiate debit transactions from my account listed below for utility payments. In the event of notifying me prior to adjustment, I authorize Osceola Water Works to initiate a corresponding adjusting entry into my account.

Utility Account Address: \_\_\_\_\_

My Financial Institution: \_\_\_\_\_

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

Routing#: \_\_\_\_\_ Account #: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

If my banking arrangements change, I understand that I need to notify Osceola Water Works of the change and submit a new Authorization Agreement Form.

This authorization will remain in effect until I notify Osceola Water Works in writing of my desire to make other arrangements, giving reasonable time for Osceola Water Works and their financial institution to act.

By signing below, the undersigned agrees to the terms of this authorization.

\_\_\_\_\_

Name (printed)

\_\_\_\_\_

Name (signature )

Date