



AUTO-PAY YOUR CITY UTILITY BILL

(a FREE service offered by the City of Paullina)

Sign up for Automatic Withdrawal (ACH) to eliminate the need to write a check for your City utility services and ensure that payments are made on time. No need to spend money on envelopes and postage. No need to drop off payment at City Hall or drive to the drop boxes. It's convenient, safe and reliable!

With Automatic Withdrawal, your utility bill amount due is automatically deducted from an authorized checking or savings account on the bill due date — the 20th of each month (now date as it's due)! You'll still receive a monthly utility statement by mail, and your bank statement will show the utility payment deduction.

Customers interested in this FREE service need to fill out the authorization form below for bank transactions. Pick up a hard copy from the City office during normal business hours. (Bring along a voided check or savings deposit slip.) Call 712-949-3428 with your questions.

Seeing this online? Simply download a printable version (PDF) of this form, fill it out, and send it with a voided check or savings deposit slip to: City of Paullina, PO Box 239, 127 S Main St, Paullina, IA 51046.

- Utility bills will be paid on time — no late fees or disconnect notices!
- Paid promptly even when you're out of town!
- Easy record-keeping! Peace-of-mind convenience!
- No need to worry about remembering to pay, looking for your bill, or wondering if it got lost in the mail!

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS AND/OR DEPOSITS

(Please provide a voided check)

Customer Name(s): _____
Customer Utility Account Number: _____
Customer Email Address: _____
Name of Bank: _____
Bank City/State: _____
Bank Routing Number: _____
Bank Account Number: _____
Account Type: Checking _____ Savings _____

The undersigned hereby authorizes the City of Paullina ("Retailer") to initiate debit entries to the bank account described above. The undersigned acknowledges that the origination of ACH transactions to its account must comply with the provisions of the United States law. This authorization is to remain in full force and effect until the Retailer has received written notification from the undersigned of its termination in such time and in such manner as to afford the Retailer and the Bank a reasonable opportunity to act on it, which shall be no earlier than five (5) business days after the receipt of such notice by the Retailer. The undersigned understands that this authorization will terminate upon the Bank and/or the Retailer providing the undersigned with five (5) business days advance written notice of their desire to terminate this authorization.

Signed: _____

Date: _____

Signed: _____

Date: _____