



**BANK DRAFT AUTHORIZATION AGREEMENT
AUTOMATIC PAYMENT FOR UTILITY BILLING**

**City of Sioux City
405 6th Street - P.O. Box 447
Sioux City, Iowa 51102 - 712-279-6132**

Utility Account Customer Information (Name on account):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

UTILITY BILLING ACCOUNT NUMBER: _____

Would you like to receive your bills by email? YES NO

Email address: _____

Bank Account Information you wish to use for payment:

Checking Savings*

**Federal banking law limits auto deductions from SAVINGS accounts to 6 per month, any additional deductions beyond the 6 allowed will be returned by your bank and fees will be assessed.*

Bank Routing Number: _____

Your Bank Account Number: _____

Bank Name: _____

Bank address: _____

Please attach a voided check for the bank account to be debited.

By signing my name below, I certify that the above information is correct. My signature also certifies my understanding and agreement with the following statements:

- I hereby authorize the City of Sioux City to debit the account listed on this form for my monthly Utility Bill payment. The City's monthly Utility Billing includes charges for water, sewer, solid waste disposal and the storm drain management fee.
- This authority is to remain in effect until the City of Sioux City has received written notification from me of my intent to terminate this automatic payment service. I realize the City must have 10 days' notice to terminate this service.
- I understand my bank account will be debited 10 days following the billing date shown on the utility bill that I receive.

Signature

Date