

# City of Rockford

206 West Main Avenue, Rockford, Iowa 50468  
641-756-3718

## AUTHORIZATION AGREEMENT FOR DIRECT UTILITY PAYMENTS

NAME(s): \_\_\_\_\_ UTILITY # \_\_\_\_\_

I (we) hereby authorize the City of Rockford to initiate debit entries to my (our) **Checking** or **Savings** account for the payment/transfer of municipal utility billing. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

NAME(s) ON BANK ACCOUNT \_\_\_\_\_

FINANCIAL INSTITUTION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ROUTING # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Debits for payment will occur on a recurring basis. These recurring debits will occur:  
Frequency: Monthly

The date on which the first debit will occur will be:

Date Start: \_\_\_\_\_ and will occur in accordance with the frequency marked above.

In addition, I/we agree to maintain a sufficient balance in my/our account to cover the payment requested by the above authorization. If the balances in my/our account are insufficient to cover the payment authorized, the City of Rockford may cancel this authorization immediately without notice and otherwise exercise its rights and remedies under applicable law and the rules and regulations of the City of Rockford governing insufficient funds and checking/savings accounts.

The City of Rockford or any of the undersigned may cancel this authorization upon written notice to the other in such time and in such manner as to afford a reasonable opportunity to act on it.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_