



CITY OF ATLANTIC

23 East 4th Street
ATLANTIC, IOWA 50022
712-243-4810
fax 712-243-4407
www.cityofatlantic.com

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

With the City of Atlantic's convenient, free bank draft service, your storm water utility payment is automatically deducted from your checking or savings account. You will still receive a semiannual statement from the City of Atlantic showing the current charges.

Fill out this form and mail to City of Atlantic, 23 E 4th Street, Atlantic, Iowa, 50022; or drop it off at our office.

Please fill out the following information as it appears on your bill.

PLEASE SUBMIT THE FORM WITH A VOIDED CHECK.

Name: _____

Address: _____

Mailing Address: _____

(if different from above) _____ City, State, Zip

Home Phone #: () _____ Work Phone #: () _____

City of Atlantic Account #: _____

(Please use a separate form for each account)

Name of the Bank: _____

Routing Number: _____

Account Number: _____

I hereby authorize City of Atlantic to initiate deduction from my financial institution and authorize the transfer of payment in the amount showing as Amount Due on my semiannual bill. This authority is to remain in full force and effect until the City of Atlantic has received written notification from me of its termination in such time & manner as to afford the City of Atlantic & my financial institution a reasonable opportunity to act on it.

Authorized Signature: _____

Effective Date: _____