

Durant, Iowa



City of Durant, Iowa
402 6th Street PO Box 818
Durant, Iowa 52747-0818
Phone (563) 785-4451
Fax (563) 785-6809

**AUTHORIZATION FOR DIRECT PAYMENTS (ACH DEBITS)
FOR MONTHLY CITY SERVICES OF
WATER, SEWER, AND GARBAGE**

ACCOUNT NAME(S): _____

CITY ACCOUNT NUMBER: _____

I hereby authorize the City of Durant to initiate debit entries to the account indicated below, and the depository financial institution to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States Law.

A statement bill will be mailed to the customer on the first of the month and automatic payment will occur on the 20th of the month (or, if on a weekend, the first banking business day following the 20th).

Depository Institution _____

Transit/ABA Number _____ Account Number _____

Checking _____ Savings _____

This authority is to remain in full force and effect until the City of Durant has received notification from the account holder of its termination in such time and in such manner as to afford the City of Durant and the depository institution a reasonable opportunity to act or until the City of Durant has notified the account holder for reason of termination of this ACH.

SIGNATURE(S) _____ **Date** _____

Please return form to City Hall by the 5th of the month that you authorize the City to start the automatic withdrawal on the 20th. Thank you for your cooperation.