



791 6th Street
PO Box 592
Jesup, IA 50648
319-827-1522

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH DEBITS)**

CUSTOMER NAME: _____

SOCIAL SECURITY NUMBER: _____

SERVICE ADDRESS(S): _____

TELEPHONE: _____

EMAIL ADDRESS: _____

WOULD YOU LIKE TO RECEIVE YOU BILL VIA EMAIL: _____ YES _____ NO

I/We hereby authorize the **City of Jesup, Iowa**, hereinafter called **INITIATOR**, to initiate debit entries to my/our account indicated below at the depository financial institution named below, hereinafter called **FINANCIAL INSTITUTION**, and to debit the same to such account.

FINANCIAL INSTITUTION: _____

ACCOUNT TYPE (**SELECT ONE**): CHECKING: _____ SAVINGS: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until **INITIATOR** has received written notification from me/us of its termination in such time and in such manner as to afford **INITIATOR** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

SIGNATURE: _____

DATE: _____

PLEASE ATTACH A VOIDED CHECK.

****All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.**