## DIRECT PAYMENT OF CITY OF BRITT, IOWA WATER BILLS

The City of Britt, Iowa is now accepting direct payments from your bank for your monthly water bill. If you would like to participate, please read and complete the "Authorization Agreement for Direct Payments" form below. This form authorizes your bank, savings and loan, or credit union to transfer funds to pay your monthly water bills. Then attach a voided check to the form and return it to City Hall. Forms and voided check can be mailed to City of Britt, PO Box 303, Britt, IA 54023 or can be dropped off at City Hall, 170 Main Ave S, Britt, IA 50423. They can be dropped off during business hours or in the City's drop box. If you have any questions, please contact Darcy at (641) 843-4433.

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) City of Britt, Britt, IA Federal ID #42-6004299

I (we) hereby authorize the City of Britt, IA, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below at the financial institution named below hereinafter called FINANCIAL INSTITUTION, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

| Financial Institution Name |                   | Branch                          |            |
|----------------------------|-------------------|---------------------------------|------------|
| City, State, Zip           |                   |                                 |            |
|                            |                   |                                 | or Savings |
| Account Number             | Routing Number    |                                 |            |
| Service Address            | ANCIAL INSTITUTIC | ON a reasonable opportunity to  | act on it. |
| Water bill account nur     | nber(s)           |                                 |            |
| Daytime Phone Number       |                   | Home Phone Number               |            |
| Signature                  |                   | rinted Name                     | Date       |
|                            | (r                | nust be authorized signer on ac | ecount)    |

## PLEASE ATTACH COPY OF A VOIDED CHECK TO THIS FORM

- Your bill will automatically be deducted from your bank account on the due date
- Please allow 4-6 weeks for your automatic bill payment to become effective. Continue to pay your bill in the usual manner until the following message appears on your bill: "BANK PAY DO NOT PAY"
- If there are insufficient funds in your bank account on the due date, a \$35.00 return fee will be charged and you will be required to pay the return fee and the bill in cash.