



DIRECT PAYMENT AUTHORIZATION FORM

I hereby authorize the City of Storm Lake, hereinafter called "the City" and the financial institution named below, to **initiate** _____ **terminate** _____ **change** _____ (please check one) electronic debit entries, and if necessary, credit entries to my account listed below:

(Financial Institution Name)

(Branch)

(Financial Institution Address)

(City, State, Zip Code)

(Routing Number)

(Account Number)

Type: Checking

This authority is to remain in full force and effect until the City has received written notification from me of its termination in such time and manner as to afford the City and the applicable financial institution a reasonable opportunity to act on it.

(Customer Name)

(Customer Signature)

(Customer Service Address)

(Water Account #)

(Date)

PLEASE RETURN THIS FORM TO THE FOLLOWING:

**City of Storm Lake
Attention: Utility Billing
P.O. Box 1086
620 Erie Street
Storm Lake, IA 50588**

****Please remember to attach a VOIDed check to this form.****