

City of Hanlontown

Automatic Bank Pay Enrollment

PO Box 5, Hanlontown, IA 50444
641-896-3570 Office

1. Complete and sign this form.
2. If you have multiple accounts with the City of Hanlontown, there is no need to complete a separate form for each account unless you have different bank information. List all account numbers on the form; attach a second page if necessary.
3. **ATTACH A DEPOSIT SLIP OR VOIDED CHECK.**
4. **BILLS WILL BE DEDUCTED ON THE 20TH OF THE MONTH.**
5. Return this form to City of Hanlontown.

Customer name: _____

Service address: _____

Home phone: _____ Cell phone _____

Name(s) of bank account holder(s): _____

Name of bank/credit union: _____

City/State: _____

Bank/credit union routing number: _____

Bank/credit union account number: _____

Is this a checking or savings account?

- | | |
|--|---|
| <input type="checkbox"/> Personal Checking | <input type="checkbox"/> Personal Savings |
| <input type="checkbox"/> Commercial Checking | <input type="checkbox"/> Commercial Savings |

I/we authorize City of Hanlontown to deduct my/our monthly city utility bill from my/our checking or savings account. This authority will remain in effect until I/we notify the City of Hanlontown or the financial institution in writing to cancel said agreement.

I/We agree that I/we will remain obligated to pay for utility services, active or charged off or in the event that charges to my/our bank account is dishonored, for whatever reason. The City of Hanlontown retains its normal collection rights until all utility services are paid in full.

I have read the above and understand it fully.

Signature of bank account holder (required)

Date