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**City of Ida Grove**

403 Third Street  
Ida Grove, IA 51445  
712-364-2428

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CITY OF IDA GROVE AUTHORIZATION AGREEMENT FOR PREAUTHORIZATION PAYMENTS

Utility Account # \_\_\_\_\_

Customer Name \_\_\_\_\_

Customer Address \_\_\_\_\_

Cell/Home # \_\_\_\_\_ Work # \_\_\_\_\_

I hereby authorize the *City of Ida Grove* to initiate a withdrawal to my bank account indicated below and to debit my account on or before the 10<sup>th</sup> of each month. I understand this is for the monthly services of water/sewer/garbage/tree compost and that I will receive a copy of the monthly bill.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This authorization is to remain in full force and effect until the City of Ida Grove has received written notification of its termination and modification.

Name of your bank \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Phone # \_\_\_\_\_

Checking account # \_\_\_\_\_

Savings account # \_\_\_\_\_

Bank routing # \_\_\_\_\_