

**CITY OF IDA GROVE AUTHORIZATION AGREEMENT FOR
PREAUTHORIZATION PAYMENTS**



Customer Name _____

Customer Address _____

Cell/Home # _____

Utility Account # _____

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 10th 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/or modification.

Name of Financial Institution _____

Financial Institution Address _____

Financial Institution Phone Number _____

Checking Account Number _____

Financial Institution Routing Number _____