**City of Holstein Automatic Bank Pay Enrollment**

PO Box 500, Holstein, IA 51025

712-368-4898 Office

1. Complete and sign this form.

2. If you multiple accounts with the City of Holstein, 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 15TH OF THE MONTH OR NEXT BUSINESS DAY.**

5. Return this form to City of Holstein or **fax 712-368-2782**.

Customer name:

Utility bill account number:

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?

* Personal Checking □ Personal Savings

* Commercial Checking □ Commercial Savings

I/we authorize City of Holstein 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 Holstein or the financial institution in writing to cancel said agreement.

I/We agree that I/we will remain obligated to pay for utility services, finaled, active or charged off or in the event that charges to my/our bank account is dishonored, for whatever reason. The City of Holstein 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

1217