

# CITY OF HOLSTEIN UTILITIES

## EFT / ACH AUTOMATIC PAYMENT AUTHORIZATION FORM

### Customer Information

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Customer Name:  Phone:

Service Address:

Mailing Address (if different):

City/State/ZIP:  Email:

Utility Account Number(s):

### Authorization

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I authorize the City of Holstein to initiate electronic withdrawals from my account for payment of my utility bill(s). I understand the payment will be withdrawn automatically on the scheduled due date. I understand that I am responsible for maintaining sufficient funds in my account to cover the withdrawal.

### Payment Method (choose one)

#### Bank Account (ACH)

Bank Name:  Account Type:  Checking  Savings

Routing Number:  Account Number:

*Optional: Attach a voided check or bank letter if available.*

#### Debit Card (if accepted by City)

Card Number:  Exp (MM/YY):

CVV:  Name on Card:  Billing ZIP:

### Start / Stop Instructions

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Start Date (first withdrawal):

This authorization will remain in effect until I notify the City of Holstein in writing to cancel. I understand cancellation requests must be received prior to the next scheduled withdrawal to stop that payment.

### Customer Signature (Required)

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Customer Signature:  Date:

Printed Name: