

# City of McCallsburg

## Utility Auto Payment Request

Date: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

**Attach a Voided Check :** \_\_\_\_\_

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**Signature:** \_\_\_\_\_

By signing this form, I authorize the City of McCallsburg, Iowa to debit from the financial account listed above for monthly Payment of my utility bill.

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