



**City of Reinbeck**

414 Main Street

Reinbeck, IA 50669

319-788-6404

**UTILITY BILLING AUTOMATIC PAYMENT FORM**

Printed Name: \_\_\_\_\_

Utility Billing Account Number: \_\_\_\_\_ Start Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name of Bank or Financial Institution:  
\_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

*I authorize the City of Reinbeck and the financial institution named below to process variable entries to my account. This authority will remain in effect until I give reasonable notification to terminate this authorization.*

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