

**City of Plymouth
Enrollment**

PO Box 278 Plymouth, IA 50464
641-696-3363 Office

Automatic Bank Pay

1. Complete and sign this form.
2. If you multiple accounts with the City of Plymouth, 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 DUE DATE OF THE BILL.**
5. Return this form to City of Plymouth or **fax 641-696-3419.**

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 Plymouth 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 Plymouth 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 Plymouth 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