

City of Plymouth

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

Automatic Bank Pay Enrollment

1. Complete and sign this form.
2. If you have 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 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.

a single (one-time) entry

recurring entries (that recur at substantially regular intervals without my affirmative action to initiate future entries)

subsequent entries (initiated under the terms of this standing authorization) that require my affirmative action to initiate those future entries

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 (Initials). _____

Signature of bank account holder (required)

_____ Date _____