

AUTOMATIC PAYMENT APPLICATION

CITY OF REMSEN | REMSEN MUNICIPAL UTILITIES 008 W $2^{\rm nd}$ STREET | 712-786-2136

APPLICANT	
Name(s):	Account Number:
Service Address:	
BANK INFORMATION	
Bank:	
Address:	
Transit/ABA Number:	Account Number:
☐ Checking ☐ Savings	Date of Debit: ☐ 5TH ☐ 18TH
In signing the above application, I authorize Remsen Municipal Utilities to initiate debit entries from my account. This authority is to remain in full force and effect until Remsen Municipal Utilities has received written notification from me of its termination in such time and in such manner is to afford Remsen Municipal Utilities and depository institution a reasonable opportunity to act on it. Remsen Municipal Utilities has the authority to discontinue automatic debits for utility payments if account is not kept in good standing. Notification will be given to applicant prior to the discontinuation of automatic debit. Applicant Signature:	
OFFICE USE ONLY	Turinia)
Date Entered:	Initial: