

Customer Account No. _____ Customer Name _____

Address _____ Bank Account No# _____

Phone # _____ Bank Routing No# _____

AUTHORIZATION TO HONOR CHECKS DRAWN BY THE CITY OF PRESTON

Name of Bank: _____ Address : _____

ALL PAYMENTS WILL BE WITHDRAWN ON BILLING DUE DATE: (28th of the Month)

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks or drafts drawn on my account by and payable to the order of The City of Preston, Preston Iowa, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or draft shall be the same as if it were a check or draft drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check or draft.

I further agree that if any such check or draft be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability.

Date Signature of Payor as show on Acct. Joint signature (if applicable and/or required)