



THE CITY OF  
**DAVENPORT**  
 IOWA | USA

### Authorization for Direct Payment Automatic Bill Payment

Company Name \_\_\_\_\_ CITY OF DAVENPORT, IOWA \_\_\_\_\_ (the "Company")

I (we) authorize the Company to initiate variable entries to my account described below:

Checking Account No. \_\_\_\_\_

Financial Institution's Name \_\_\_\_\_

Financial Institution's Address \_\_\_\_\_

Attach a voided check.

This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Signature \_\_\_\_\_ (Optional – For Joint Account)

Full Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Full Name \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Telephone No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Billing Account No. \_\_\_\_\_

For Company Use: Representative \_\_\_\_\_ Location \_\_\_\_\_

↓ Attach Voided Check ↓



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### Retain for Your Records

On (Date) \_\_\_\_\_

I authorize (Company Name)

\_\_\_\_\_ City of Davenport, Iowa

(Address) 226 W. 4<sup>th</sup> Street

\_\_\_\_\_ Davenport, Iowa 52801

(Phone) 563-326-7707

to initiate electronic entries to my checking

account and agreed to the terms listed on

the authorization form, for payment of

\_\_\_\_\_ Utility Bills

(purpose of payment)

To cancel write to address above.