



ACH Authorization Agreement – Direct Payments Between the Utility Customer and City of Kalona

City of Kalona
511 C Avenue
PO Box 1213
Kalona, IA 52247

You authorize monthly payments from your checking/savings account. You will be charged the amount indicated on your monthly utility bill. A receipt will not be provided to you unless requested.

I (we) authorize the CITY OF KALONA, to initiate debit entries on or after the 10th of each month, to my (our) account, which is selected below:

- Checking Account
- Savings Account

Bank Details – Complete details below or attach voided check

Bank Name _____

Account Number: _____

Routing Number: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the City in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing cycle.

Full Name: _____

Address: _____

Phone Number: _____

Email: _____

Account number (office use only)

Date Received