

CITY OF BADGER

120 1st STREET SE

PO BOX 253

BADGER, IA 50516

(515) 545-4514

DIRECT PAYMENT APPLICATION

I authorize the CITY OF BADGER to initiate electronic debit entries to my ___ Checking Account (or) ___ Savings account for payment of my utility bill.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Customer Name _____ Service Address _____

Account _____ Phone _____

Signature _____ Date _____

Financial Institution (Please Print) _____

Financial Institution Routing Number _____

Financial Institution Account Number _____

Financial Institution City and State _____

Please include a voided check.