

**AUTOMATIC WITHDRAWAL AUTHORIZATION
SIOUX CENTER MUNICIPAL UTILITIES**

I authorize the Sioux Center Municipal Utilities to withdraw monthly the balance due on the utility account listed below from the bank account listed below. I certify that I have the authority to authorize this agreement for both the utility account and bank account. This authority is to remain in effect until the Sioux Center Municipal Utilities has received written notification from me of its termination.

BANK NAME: _____ BANK PHONE: _____

BANK CITY: _____ STATE: _____ ZIP: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____ ☐ CHECKING ☐ SAVINGS

NAME: _____ UTILITY ACCOUNT NUMBER: _____

SIGNATURE: _____ DATE: _____ PHONE: _____

ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP TO THIS FORM