

**AUTHORIZED AGREEMENT FOR  
PRE AUTHORIZED TRANSFERS**

I (we) hereby authorize the City of Gilbert, Iowa to initiate debt entries indicated below.

Transfer Amount: Variable Monthly Amount,  
Debit Full Monthly Utility Service Bill.

Transfer Date: 15th of Each Month.  
In the event the 15th falls on a holiday or weekend,  
transfer the next business day.

**CUSTOMER INFORMATION:**

Utility Account Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name on Utility Account: \_\_\_\_\_

Property Location: \_\_\_\_\_

**TRANSFER FROM:**

Bank Name: \_\_\_\_\_ Checking Account / Savings Account

Bank Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

**TRANSFER TO:**

City of Gilbert, Iowa

This authority is to remain in full force and effect until the City of Gilbert, Iowa has received notification from the account holder of termination, in such time and in such manner as to afford the City a reasonable opportunity to act upon it.

Signature of Account Holder: \_\_\_\_\_

Dated: \_\_\_\_\_

Office Use Only:

Date Received: _____	Date Processed: _____
First effective date: _____	Bank Number: _____