

CITY OF STRATFORD

805 Shakespeare Avenue
Stratford, IA 50249-0218
PH 515-838-2311 FX 515-838-2315
cityofstratford@globalccs.net

Please Check One:

<input type="checkbox"/> ADD (New Direct Debit Participant)	<input type="checkbox"/> CHANGE (Financial Institutions and/or accounts)
--	---

Direct Debit Authorization Form

I, _____ the undersigned do hereby give permission to the City of Stratford and their banking institution to debit my savings or checking account for the sole purpose of collecting my monthly utility bill. I understand that this debit will take place on one of the business days within the first two weeks of the month. Normally between the (5th and 10th) of the month. I recognize the convenience of this arrangement and have voluntarily provided the information below.

Utility Account # _____

Bank Name: _____

Bank Address _____

Bank Phone _____

Routing number: _____

(nine digit number)

Checking Savings

Account number: _____

(include all zero's)

Print Name: _____

Signature: _____

Date: _____

If possible, enclose a voided check to verify account

To cancel participation in program, please sign and date here:
