

CITY OF STRATFORD

805 Shakespeare Avenue, PO Box 218
Stratford, IA 50249-0218
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cityofstratford@globalccs.net

ACH: AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize **Security Savings Bank** to initiate **DEBIT** entries to my (our) account. This authority is to remain in full force and effect until the City of Stratford has received written notification from me of its termination in such time and such manner as to afford reasonable opportunity to act on it.

Utility Account Number: _____

Utility Account Holder: _____

City: _____ State: _____ Zip: _____

Account to **DEBIT**: _____ Routing#: _____

Type (Please circle one): Checking Savings

Account holder name(s): _____

Financial Institution: _____

Financial Institution Phone Number: _____

Amount of Payment: Varies Purpose: Utilities

Payments to begin on ____/____/____ and to be made automatically monthly between the 12th and 15th day of each month.

Signature: _____ Date: _____

Received by: _____ Date: _____