

**City of Clarence**

411 Lombard St
PO Box 418
Clarence, IA 52216

P: 563-452-3625
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AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS

I/We authorize the City of Clarence to initiate debit entries to my/our account at the bank listed below, for the purpose of accomplishing the following pre-authorized payments:

- City Utility Bill Payments

Amount: ☒ An amount which may vary. I have the right to receive notice at least 10 days in advance of the due date of any payment of varying amount.

Frequency: ☒ Monthly. Payment in full will be deducted from the bank on the 20th or the next banking day following the 20th of each month.

_____ New Authorization or _____ Change to Previous Authorization

Bank Information:

Bank Name: _____

Bank Address & Phone Number: _____

Bank Routing Number: _____

Bank Account Number: _____

_____ Checking Account or _____ Savings Account

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We understand that this authorization will remain in full force and effect until the termination date stated above or until the City of Clarence has received written notification from me/us of its termination in such time and in such manner as to afford the City of Clarence and Fidelity Bank & Trust a reasonable opportunity to act on it.

Customer Information:

Name: _____ Phone Number: _____

City Utility Bill Account Number: _____

Service Location Address: _____

Would you like your bill sent via email? _____ Yes _____ No

Email Address: _____

Signature

Date