



**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 20<sup>th</sup> or the next banking day following the 20<sup>th</sup> 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: \_\_\_\_\_

**How would you like your bill?**     **Email ONLY**     **Mail ONLY**     **BOTH Email & Mail**

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date