



310 SOUTH THIRD AVENUE

ROCK RAPIDS, IOWA 51246-1631

712 / 472-2511

FAX 712 / 472-2512

Direct Debit Authorization Form

I, _____, the undersigned do hereby give permission to the Rock Rapids Municipal Utilities and their banking institution to debit my checking account for the sole purpose of collecting my monthly utility bill. I recognize the convenience of this arrangement and have voluntarily provided the information below.

I understand my account will be debited on the 15th of each month for the amount of my utility bill, which I will receive in the mail approximately 20 days prior to that date.

My Bank's Name: _____

My Bank Account Number: _____ Checking Savings

My Bank's ABA Routing Number: _____
(the 9 digit number on your checks before your account number between these symbols |: |: or provide the office with a voided check)

This authorization is valid until revoked by me in writing.

Name: _____

Address: _____

Utility Account Number: _____

Signature: _____

Date: _____

This institution is an equal opportunity provider.

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