



Authorization for Direct Payment Automatic Bill Payment

Company Name _____ CITY OF DAVENPORT, IOWA _____ (the "Company")

I (we) authorize the Company to initiate variable entries to my account described below:

Checking Account No. _____

Financial Institution's Name _____

Financial Institution's Address _____

Attach a voided check.

This authority is to remain in full force and effect until the Company has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Company a reasonable opportunity to act on it.

Signature _____ (Optional – For Joint Account)

Full Name _____ Signature _____

Address _____ Full Name _____

Date _____ Date _____

Telephone No. _____ Telephone No. _____

Billing Account No. _____

For Company Use: Representative _____ Location _____

↓ Attach Voided Check ↓



Retain for Your Records

On (Date) _____

I authorize (Company Name)

_____ City of Davenport, Iowa

(Address) 226 W. 4th Street

_____ Davenport, Iowa 52801

(Phone) 563-326-7707

to initiate electronic entries to my checking

account and agreed to the terms listed on

the authorization form, for payment of

_____ Utility Bills

(purpose of payment)

To cancel write to address above.