

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

COMPANY NAME: CITY OF SOLDIER, IOWA

I (we) hereby authorize the City of Soldier, Iowa hereinafter called COMPANY, to initiate debit entries to my (our) [] Checking [] Savings account indicated below and the depository financial institution names below, hereinafter call DEPOSITRY, to debit the same from such account on the 20th of each month unless the date falls on a Saturday or Sunday. If the 20th falls on a Saturday or Sunday, the debit will occur the following Monday.

DEPOSITRY NAME: COMMUNITY BANK of Soldier, Iowa

ACCOUNT NUMBER: _____

Reason for debit entries: **Monthly Utility Bills**

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

INDIVIDUAL NAME(S): _____

SIGNED: _____

DATE: _____