

## Automated Payments (ACH) Customer Authorization

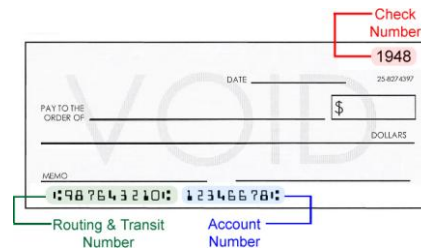
Save time & money by signing up for Automated Payments. Your quarterly payment can be automatically deducted from your checking or savings account on your utility billing due date using the City of West Okoboji's ACH program. Simply complete the information below and return this information to the address, email or fax number above.

Name: _____	City of West Okoboji Utility Account # (s): _____
Address: _____	City: _____ State: _____
Phone Number: _____	Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email: _____

### Banking Information

Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
Name of Primary Bank: _____	Name on Account: _____
Bank Routing Number: _____	Bank Account Number: _____

**PLEASE PROVIDE COPY  
OF A VOIDED CHECK  
If using checking account  
A DEPOSIT SLIP  
If using a savings account**



As duly authorized check signer on the financial institution account identified above, I authorize the City of West Okoboji to perform scheduled electronic funds transfer debits from my account identified above for quarterly utility payments due. The amount due and due date will be found on your quarterly City of West Okoboji utility bill.

Furthermore, I/We understand that should my/our bank dishonor my/our automated payment for insufficient or uncollected funds, the original amount, plus an additional Non-Sufficient Funds (NSF) fee, as allowed by law, may be electronically debited from my/our account.

I/We authorize the City of West Okoboji to debit my/our account consistent with this Authorization. I/We understand that I/We are in full control of my payment, and if at any time I decide to make changes or discontinue payments, I will notify the City of West Okoboji by calling (712) 320-4394 or emailing [wocity@mediacombb.net](mailto:wocity@mediacombb.net) at least seven (7) business days before the due date of any quarter.

I understand and authorize all of the above as evidenced by my signature below.

_____ Signature	_____ Signature	_____ Date
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