

# CITY OF SUTHERLAND, IOWA

AUTHORITY TO \_\_\_\_\_ (Bank Name) TO HONOR  
BANK-COLLECT-CHECK OR AUTOMATIC PAYMENT DRAWN BY THE CITY OF  
SUTHERLAND

As a convenience to me, I hereby request and authorize you to pay and charge my account Bank-Collect-Check or a monthly Automatic Payment drawn by and payable to the order of the City of Sutherland, Iowa. I agree that your rights in respect to each such check shall be the same as if it were a check signed personally by me. This authority is to remain in effect until revoked in writing and I agree however that both the Bank and the City of Sutherland reserve the right to terminate the Bank-Collect-Check or Automatic Payment plan (or my participation therein) by giving written notice to me. I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of utility service.

## **Bank-Collect-Check (Quarterly)**

I authorize the City of Sutherland to issue a Bank-Collect-Check each quarter when my City of Sutherland utility bill is due. I understand that the check may be collected a few days prior to the billing due date.

\_\_\_\_\_  
(Bank Name)

\_\_\_\_\_  
(Bank Location)

\_\_\_\_\_  
(Bank Routing Number)

\_\_\_\_\_  
(Bank Account Number)

\_\_\_\_\_  
(Depositor's Name)

\_\_\_\_\_  
(Depositor's Address)

\_\_\_\_\_  
(Depositor's Signature)

\_\_\_\_\_  
(Date signed)

## **Monthly Automatic Payments**

I authorize the City of Sutherland to receive an Automatic Payment each month from my account for the amount indicated below and on the day of the month of my choosing.

\_\_\_\_\_  
(Bank Name)

\_\_\_\_\_  
(Bank Location)

\_\_\_\_\_  
(Bank Routing Number)

\_\_\_\_\_  
(Bank Account Number)

\_\_\_\_\_  
(Depositor's Name)

\_\_\_\_\_  
(Depositor's Address)

\_\_\_\_\_  
(Dollar Amount for the monthly automatic payment)

\_\_\_\_\_  
(Day of the month for the monthly automatic payment)

\_\_\_\_\_  
(Depositor's Signature)

\_\_\_\_\_  
(Date signed)